Clinical Lecture ON INTERMITTENT FEVER.

Delivered at the Seamen's Hospital, "Dreadnought,"

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GENTLEMEN,—I have chosen for the subject of my remarks to-day Intermittent Fever, in its acute and chronic states, and in its regular, irregular, and masked forms: partly because it is of special interest here, seeing that we are seldom without illustrative cases; and partly because of its practical importance. Although not prevailing in London and its vicinity to the extent that it did when a *Falstaff* might have died of a quotidian tertian, or when a king, a protector, and many other worthies did succumb to it, the disease still prevails in the metropolis, and especially in the districts adjacent to the river, to a greater extent than is generally supposed.

I have tolerably ample notes of between two and three hundred cases of ague which have been under my care at this hospital during the last five or six years, and which represent about a moiety of the cases admitted. I shall limit myself to an analysis of two hundred of these. Looking at their source, I find that about one-fourth of the cases came from different ports in the Baltic, and especially from Dantzic; fifteen from Belgium and Holland; one-eighth from the banks of the Thames, particularly from the low districts of London along shore and from the Victoria Docks; another eighth from different ports in Great Britain, a large proportion of these coming from Shields and Sunderland; nearly a fifth of all the cases came from the West Indies and Demerara; fifteen came from North America; ten from the Gulf of Mexico; ten from the East Indies and China; a few from the west coast of Africa; and the remainder from miscellaneous sources. It is, as you are aware, either the low marshy soil, or coast alluvial soil, and evaporation therefrom under the solar rays, that furnishes the exciting ague malaria. Still the system, if well supported and placed under favourable hygienic conditions, will long resist this. Other causes therefore, which operate especially in sailors, must be glanced at as predisposing. Such are, continued exposure to wet; sleeping in wet clothes, or in a wet overcrowded forecastle; bad or deficient provisions;—and which act by lowering the tone of the system, and rendering it liable to succumb to this or any other malady.

Analyzing the cases in reference to their duration, I find that 109 may be regarded as recent, not having lasted for more than a month; and 91 as chronic, having been protracted beyond, and many much beyond, this period.

From May to September, inclusive, has been the portion of the year which has furnished us with the largest number of cases. It is during these months that evaporation from malarious districts has been at its maximum. A much larger number of recent cases have been admitted in September than in any other month. In all the months of the year we have had cases, but those admitted in the colder months have generally been chronic, and in which the fever has been developed in distant quarters.

I have endeavoured to determine the type of the disease in each case at the onset, seeing that it would lead to erroneous conclusions to take it at any subsequent period, when it might have been changed by treatment or duration. I find that out of 197 cases the type was tertian in 114, quotidian in 62, quartan in 9, irregular in 6, and that 5 cases were what is termed masked ague. The proportion of quotidian to the entire number is far too large to lend any countenance to the notion entertained by some observers, that the only normal type is the tertian. Another point which I endeavoured to determine was the period of accession of the paroxysm. This could only be taken in recent cases at the onset, because quinine will postpone, and chronic cases, when not modified by medicine, are apt to become irregular. It was in scarcely half of the total number of cases that I could satisfy myself upon this head. I found the onset of the paroxysm occurring in both quotidian and tertian at nearly all hours of the day and night, a larger number of accessions occurring in both types at about twelve noon than at any other hour; and in both the period of from eleven P.M. to two A.M. being free from them. The paroxysm in quartan is recorded as having occurred in the morning in three out of four cases. My experience, then, is opposed to the old dictum still laid down in most text-books, that quotidian occurs in the morning, tertian at noon, and quartan late in the afternoon. I have no belief in double tertian, or literally quotidian tertian, as though two distinct waves of malarious influence co-existed in the same individual. I would call such cases irregular quotidian. With regard to the merging of one type into another, the rule, not without exceptions, is, that, under favourable circumstances, an irregular form of ague, with two or more paroxysms daily, will merge into a quotidian, and a quotidian into a tertian; the reverse occurring under unfavourable circumstances. The time of accession of paroxysm may be either anticipating or retarding, coming on earlier or later each successive fit; and here, again, favourable influences determine the latter rather than the former.

An ague may appear to be cured, but it has a tendency to return; and when it does so after a short interval, we have what is called relapsing ague. Dr. Graves—to whose admirable clinical lectures I am always pleased to make reference—was the first, I believe, to establish, from a long series of observations, the law that the periodicity of agues applies, not only to the succession of paroxysms, but to the free intervals. My own experience leads me to confirm this view, the period of relapse, in the few cases in which I could determine it, having occurred on the day on which the fit would have taken place had the disease not been arrested. Thus I find, in one case of tertian, the fit occurring on the eighteenth day after the last, and, in other cases, on the twelfth day.

About a fifth of recent cases of ague were ushered in by rigors, pain in the head and back, and by more or less gastric derangement, indicated by furred tongue, pain in the abdomen, bilious vomiting, and diarrhœa. In the other cases there were merely the phenomena of the recurring paroxysms, upon which I need not dwell more than to recall the checked action of skin, the cold surface, the pinched, wrinkled aspect, and arrested secretions of the cold stage; the then powerful determination of blood to the internal organs; the reaction characterizing the second stage in the effort of the heart to throw off the blood from the centre to the circumference, the intense heat of surface, and still congested state of viscera; and the resolution, marked by re-established secretions, especially by action of skin and the relief of internal organs, which is distinctive of the third stage. The paroxysm over, the patient generally remains well until the next accession; but not always so. In about a fifth of recent cases, as recorded here, there is more or less gastric irritation continuing in the intervals of the paroxysms. In a not very small proportion of cases, the liver and spleen, especially the latter, are enlarged during the paroxysms, as determined by percussion and palpation; and sometimes they remain so during the intervals. There is also more or less tenderness over these viscera, and indications of congestion and functional disorder of liver in the shape of bilious vomiting and diarrhœa. But during the cold and hot stages, congestion is not limited to the abdominal viscera. Delirium not unfrequently shows that the brain is temporarily implicated. Cough, hurried breathing, and a sense of tightness over the chest, tell of a congested state of lungs. In one case of quotidian that was under my care, the patient had hæmoptysis every morning during the cold stage. In two or three cases, pain over the loins and albuminous urine showed that the kidneys were congested.

It has been our custom here, when a patient has been admitted suffering from intermittent fever, to defer treatment until after the occurrence of a paroxysm, in order to satisfy ourselves—first, as to the existence of the malady; secondly, as to its type. In cases where there is much gastric derangement, one or two doses of calomel, followed by a purgative, have preceded the special treatment, and the patients have been put upon slop diet. Generally the liver and stomach have readily responded to this treatment; the tongue has become clean, and vomiting arrested. But this is not always so, and there has been, especially in recent cases occurring along shore, some obstinacy in the gastric derangement. I have not cared usually to give quinine until the tongue is tolerably clean and the stomach free from irritability. When the gastric irritation is

relieved, or where it does not exist, on having ascertained the time of access of paroxysm, we have given a full dose of quinine about three hours before its expected occurrence. I have, after some pains to ascertain it, come to the conclusion that the quinine acts better when given about three hours than at a longer or shorter period before the expected attack. I have also endeavoured to determine the minimum dose of quinine that is required, and this I have fixed at ten grains. Where the paroxysms are irregular in their character, I have found five grains of quinine, given every four hours, answer thoroughly. Out of 109 recent cases, 102 yielded at once either to ten grains or five grains every four hours, and in but 7 was a repetition or continuance of large doses required. Two or three cases complicated with severe gastric derangement proved more obstinate. For the removal of cachexia, and to guard against a relapse, quinine was generally given in two grains three times a day for a week or two, and the patients usually had a bottle of quinine mixture to take out with them. The quinine occasionally produced ringing in the ears and deafness, but in only one case did I observe any more serious effects. It was in a man who was admitted with tertian on Oct. 29th, who had had ague for a month, but had not any indications of head affection during the attacks. He was ordered ten grains of quinine before the expected paroxysm, and three grains three times a day. When seen on Nov. 1st, he had impaired motion of the right side of the face and right arm, with mouth somewhat drawn to left side, delirium, pupils contracted, pulse weak, surface moist; had passed his urine unconsciously, and stools twice in bed. Ordered a blister to nape of neck, and the omission of the quinine. He was much relieved on the following day, and by the end of a week all the cerebral symptoms had disappeared. Although these symptoms appeared during the administration of quinine, and disappeared on its discontinuance, yet it would not be quite logical to regard the quinine and the attack as cause and effect; for the cerebral affection occurred on the day on which the ague fit was due, and may have been a masked form of it.

I have fairly tried the liquor potassæ arsenitis against the quinine, in doses as full and frequently repeated as I dared to venture upon, and have continued it until irritation of the intestinal mucous coat rendered desistence imperative; but have not succeeded in checking the paroxysms as with quinine. Some physicians, admitting the greater efficacy of quinine in arresting the paroxysms, have claimed for arsenic, and also for strychnia, greater power in preventing a relapse. I believe, however, that quinine is quite effective for this purpose if continued in small doses for a considerable time, and also that it is the best prophylactic against the disease. A captain who consulted me a year or two back said that he was on the point of sailing for Jamaica, and that he had never been there without contracting severe ague. I recommended him to take quinine, in small doses, two or three times a day, all the way out. He did so; and on his return to England reported that for the first time he had enjoyed immunity from the disease.

(To be concluded.)

ON EXTRACTION OF SOFT CATARACT BY SUCTION.

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DURING the autumn of last year I was led to inquire whether the principle of suction might not be made use of in withdrawing from the eye through a small wound all such cataracts, whether traumatic or spontaneous, as have neither a hard nucleus from old age nor have undergone calcareous degeneration. This inquiry was suggested to me by the difficulty sometimes met with in certain cases of "linear extraction," in which the soft matter is removed either incompletely or only after prolonged and repeated introduction of the curette. I believed, moreover, that if the posterior capsule could be thoroughly cleansed from all opaque matter, without undue violence to the eye, there would be much less risk of inflammatory mischief after linear extraction, and that one of the chief sources of opacity of the posterior capsule would be removed. Having therefore satisfied myself by experiment that the softer portions of even a healthy lens could be sucked through a fine tube, I requested Messrs. Weiss to make for me a suction instrument, which, being modelled upon the ordinary curette, I named a "suction-curette." This instrument is described and figured in the last number of the "Moorfields Ophthalmic Hospital Reports," vol. iv., p. 2.

As I have now had many opportunities of testing the value of extraction by suction, and as, since my introduction, or rather, as it proves, revival of the principle, it is being extensively adopted in ophthalmic practice, I venture to offer the following remarks on the mode of performing the operation, and on other points of interest connected with it.

Details of the Operation.

The operation by suction which I have adopted is founded upon, and is essentially a modification of, "linear extraction," the principles of which have been worked out by Mr. Bowman, and have been clearly and fully described by Mr. Critchett* and Mr. George Lawson.†

First stage: *The efficient rupture of the anterior capsule.*—The pupil having been dilated by atropine, and the eyelids fixed by the stop-wire speculum,‡ the anterior capsule of the lens should be very freely torn open by two needles passed through the cornea from opposite sides. In carrying out this step the surgeon should bear in mind that its object is not merely to liberate the cataract, but also to ensure such a tearing up of the anterior capsule that it may curl back from the area of the pupil and be lodged behind the iris. At the same time he ought by all means to avoid injuring the *posterior capsule*: a caution to be especially remembered in cases where the cataract is dwarfed and the anterior capsule tough, or where, in traumatic cataract, the lens has been much reduced in bulk by absorption. If the operator wishes to avoid the use of the two needles, he may rupture the capsule at a later stage by introducing through the corneal opening made for the curette the hook used in extraction of hard cataract. The two needles, however, give more perfect command over this important step in the operation.

Second stage: *The opening in the cornea.*—Having withdrawn one needle, and steadying the eye by means of the other, the operator should next make an opening in the cornea for the admission of the tubular curette of the suction instrument. For this purpose a broad needle has been made for me, by Messrs. Weiss, of such a breadth as to make an opening of the exact size required for the curette. The needle should enter the cornea opposite the margin of the pupil when fully dilated, and, passing somewhat obliquely through the laminæ of the cornea, should make a valvular opening, in order, firstly, that it may not be too central and leave a scar in front of the pupil; secondly, that it may not be too near the attached margin of the iris, and thus favour its prolapse and adhesion to the wound; and thirdly, that the curette, when introduced, may not rest upon nor bruise the iris.

Third stage: *The removal of the cataract by suction.*—Having carefully introduced the curette (if it hitches in traversing the corneal wound, it may easily be disengaged by being turned edgeways), the surgeon should hold the open end of the tube steadily within the area of the pupil, gently burying it in the opaque material. The suction power may then be applied, and regulated in degree as the opaque matter runs off into the tube. As soon as the pupil is clear, the curette may be *carefully* depressed towards the posterior capsule in order to ascertain whether any opaque matter remains, but it should not on any account be swept before or behind the iris. If the suction be continued after the opaque matter has been removed, the cornea is drawn down over the open end of the curette, and blocks it up, thus preventing the iris from being sucked into the instrument and injured.

If the operation has been efficiently performed, it will be found that the cataract has been completely withdrawn from the eye, through an opening in the cornea no larger than would admit the common curette, without any injury to the iris, without rupture of the posterior capsule, and with such complete division of the anterior capsule that it has disappeared completely behind the iris. It will be also found, I think, in the majority of such cases, that recovery is most speedy, that the operation is followed by little or no irritation of the eye, that the patient on the eighth or tenth day can read No. 1 (Jäger), and that the conditions which usually produce opacity of the capsule have been provided against.

The foregoing rules apply to a simple case of complete soft

* Ophthalmic Hospital Reports, vol. ii., part ii., p. 141.
† British Medical Journal, July 9th and Sept. 3rd, 1864.
‡ Ophthalmic Hospital Reports, vol. iv., part ii., p. 141.

cataract. They are also applicable, with slight modification, to cases of traumatic cataract of recent occurrence. In these cases, however, it is necessary, in the first place, to be very careful to tear open completely the anterior capsule which may have been previously ruptured in the accident producing the cataract; and, in the second place, to bear in mind that the posterior capsule may also have been torn through. Should this have occurred, the suction operation will be complicated by the admission into the anterior parts of the eye of the vitreous humour, which would tend to pass through the tube more readily than the denser material of the cataract. When such a defect occurs, it is sometimes possible, by careful management of the curette, to withdraw the opaque lens without at the same time drawing off a serious amount of vitreous humour.

Another complication may arise—namely, partial cataract, in which the nuclear portions of the cataract are opaque, and the cortical portions are healthy, tenacious, and adherent to the capsule. This difficulty must be met in the same way as in "linear extraction"—by the preliminary operation of puncturing the anterior capsule, so as to admit the aqueous humour into the structure of the lens, and so to cause its disintegration. It may be possible to withdraw by suction even a partially sound lens without the preliminary disintegration; but I have not yet attempted to do so, not from any difficulty in drawing such healthy lens through the tubular curette, but because, when the peripheral parts of the lens are transparent and adhere to the capsule, it is hardly possible to ascertain when the capsule has been completely cleansed from lenticular matter.

Another class of cases presenting difficulties is that in which a soft cataract has become wasted and calcareous, or partly so. In such cases the solid portions will not pass along the tube of the curette.

On former attempts to extract Cataract by Suction, and their failure.

When I first devised the suction-curette, I was under the impression that I had hit upon a new idea, and that the proposal was original. By the kindness of several friends, however, I have been directed to accounts of various previous attempts to apply the same principle to the extraction of cataract.

The Persians, ages ago, are said by Avicenna* to have sucked out cataracts through a hollow needle. How far they succeeded I am not able to state.

In 1847, M. Laugier invented his "aiguille à pompe," a hollow needle fixed in a syringe, apparently like that now in use for subcutaneous injection. Its use is discussed by M. Desmarres.† The needle having been thrust through the sclerotica, vitreous humour, and posterior capsule, and lodged in the centre of the lens, the suction was applied by means of the syringe in the handle of the instrument. If the cataract were fluid, it was drawn into the instrument; the pupil became clear, and sight was immediately restored. If the cataract were not fluid ("et la cataracte liquide est fort rare"), the vitreous humour was drawn out, the cataract was left *in situ*, and the eye collapsed. This misadventure was followed by internal inflammation of the eye, and in consequence the operation was condemned. "En résumé, l'opération de la cataracte par succion est abandonnée." Failure in this operation was to be expected from using the needle of the syringe as the piercing instrument, and from traversing the sclerotica and rupturing the posterior capsule, which ought to have been preserved as the barrier between the cataract and vitreous humour.

Again, M. Blanchet‡ brought forward another method of extracting cataract by suction. Having dilated the pupil, he made an opening in the cornea with a broad needle, through which he introduced a small tube with a flageolet-like mouth attached to an Anell's syringe. With this blunt tube he pierced the capsule of the lens; and if the cataract proved soft, he pumped it out through the tube by working the piston of the syringe. The main defects of this plan of M. Blanchet were—first, the attempt to puncture the anterior capsule with a blunt instrument, thereby using unnecessary force in reaching the cataract; and secondly, the imperfect opening of the anterior capsule, whereby the capsule remained in the area of the pupil, and, becoming opaque, rendered a secondary operation necessary.

On Suction Instruments.

The original suction instrument which Messrs. Weiss made for me consisted simply of a tubular curette fixed in a handle, to which a small india-rubber tube* with a mouthpiece is attached. The flexible tube is of such a length as to reach from the mouth of the operator to the curette when held in the eye.

Shortly afterwards Messrs. Weiss made, at the suggestion of Mr. Bowman, a modification of this instrument, in which the suction power is applied by an ingenious mechanism in the handle, so that the hand which holds the curette controls the suction. Mr. Bowman also inserted a piece of glass tube between the curette and the handle, to enable the operator to watch the result of the suction.

A third instrument has been suggested and made for me by Messrs. Weiss, which is simply a light glass tube with the tubular curette fixed at one end, and the flexible tube with a mouthpiece at the other end.

A fourth instrument has been made for Dr. Bader, of Guy's Hospital, by Khrone, of Whitechapel, and is thus described by Mr. Lawson:—"The suction-power is a small, hollow india-rubber ball, placed at the extremity of a tube which terminates in a glass tubular curette. Pressure is made on the ball with the hand to expel the air from the tube, and its readmission is regulated by a well-contrived stop apparatus placed close to the curette. After the air from the ball has been expelled and its readmission prevented by closing the stop, the curette is introduced into the eye, and the amount of suction is regulated by a little trigger connected with the stop apparatus within."

Having used the first three forms of instrument I have found them to do their work perfectly; and I have no doubt that Dr. Bader's is at least equal to them. On the whole, perhaps from having used it more frequently, I prefer the original curette (with the addition of the glass tube), as the suction is more immediately at command when applied by the mouth, and the instrument can be guided with greater delicacy when the hand is not fettered by applying the suction power.

Cases of Extraction by Suction.

I have selected the following from several in which I have extracted cataract by suction:—

CASE 1.—G. C. D——; cataract produced by grains of powder shot into the eye eighteen months previously.
Dec. 18th, 1863.—Extraction by suction.
21st (fourth day).—Reads No. 10 (Jäger).
24th (seventh day).—Reads No. 4.
Jan. 13th, 1864.—Reads No. 1.

CASE 2.—G. A——, aged ten; cataract caused by a blow three weeks previously.
Jan. 1, 1864.—Extraction by suction; some opaque capsule remaining in the area of the pupil.
18th.—Reads No. 20.
28th.—Reads No. 4. The opaque capsule has spontaneously opened out, but there is still a slight film, preventing perfect vision.

CASE 3.—Feb. 1864: M. E. T——, aged seven; an unhealthy child. Extraction by suction, followed by iritis and partially closed pupil. This is the only case of suction in which I have seen serious inflammation.

CASE 4.—Mrs. A——; partial cataract, probably caused by a blow three years previously.
May 17th, 1864.—Capsule freely punctured.
30th.—Extraction by suction. Reads No. 20.
June 6th (eighth day).—With +2½ reads No. 2.
8th (tenth day).—With +2 reads No. 1.

CASE 5.—E. S——, aged seven months; complete spontaneous cataract in both eyes.
May 17th, 1864.—Extraction of both cataracts by suction.
22nd (sixth day).—Returned home into the country, with pupils clear, central, and active, and with the eyes free from irritation.

The following cases were operated on by Mr. Samuel Hey in the Leeds General Infirmary, who has kindly allowed me to relate them.

CASE 6.—M. S——, aged twenty-eight.
Right eye—complete spontaneous cataract of four years' duration:
June 2nd, 1864.—Extraction by suction.
6th (fifth day).—Reads No. 16.
9th (eighth day).—Reads No. 1.
Left eye—spontaneous cataract of two years' duration:
June 16th.—Extraction by suction. In this eye the capsule

* Arlt, Krankheiten, vol. ii., p. 352.
† Desmarres, Maladies des Yeux, vol. iii., p. 325.
‡ Dublin Quarterly Journal, May, 1848.

* The idea of the flexible tube was probably suggested to me by reading an article by Mr. Greenway, of Plymouth, in which he describes a suction instrument for making artificial pupil.

was tough, and the lens not completely opaque, so that some transparent portions were left behind.

19th.—Pupil filled with opaque material. The eye painful and congested.

July 14th.—Left the hospital. Pupil clear; no inflammation.

Aug. 17th.—With + 2½ reads No. 4.

CASE 7.—B. F——, aged sixteen; suffering from diabetes. Complete spontaneous cataract in both eyes, of two months' duration.

Right eye:

June 2nd.—Extraction by suction.

9th.—Pupil perfect; free from opaque matter. No congestion of the eye.

Left eye:

June 16th.—Extraction by suction.

23rd.—Pupil perfect; free from opaque matter. No congestion of the eye.

As she was not very intelligent, and could not read, we were unable to test her vision by type; the vision, however, of both eyes was excellent.

Leeds, Sept. 1864.

ON THE INSPIRATION OF VAPOUR IN CERTAIN LESIONS OF THE BREATHING APPARATUS.

BY JOHN HUNTER, M.A.

WITHOUT laying claim to any great originality, I trust that the few observations I have to make upon this important subject, to which I have directed considerable attention, may be worthy of notice by the profession.

I suppose no one will deny that, as a general principle, the use of moisture in combination with air is of service in chest-diseases. This we see daily evidenced by the beneficial effect of sea-air—which contains vapour in excess of the amount held by the air generally—in the different forms of bronchitis, &c. But it is to insist on the powerful remedial agent which we possess in vapour when judiciously used at the bedside of the patient that is the object of the present paper. On the first appearance of an attack of, say, simple bronchitis, the earliest symptom observed by the patient is a feeling of oppression in breathing, "a tight feeling across the chest." This is caused by the proper secretion of the lining mucous membrane of the lungs being partially arrested. The air-cells are in an equal degree incapable of performing their proper functions—namely, the reception of oxygen from the inspired air, and the giving out of carbonic acid gas; the result of which is that the patient has a diminished area of breathing-surface, in proportion to the intensity of the attack. And here I may remark, in passing, that there is an evident necessity in such a case that the patient should have the purest air procurable, to make some amends for the deficient quantity. Now in this stage of the bronchitis I believe we have no such powerful remedial agent as steam, properly applied. The precise mode of application may be varied to suit different attacks in patients of different ages, and other peculiarities; the great principle being that the steam should be carried with the inspired air into the air-cells, where it not only acts as a substitute for the natural mucous secretion, but by its soothing action disposes the membrane to resume its normal functions. I have seen an attack of acute bronchitis cut short by these means, almost without any other; while in the different forms of asthma it is found of the greatest service. I put the acute bronchitis first in the list, as I think that it yields to the power of steam more easily than any other form of chest-disease; but it is good in all. And even in chronic bronchitis it is of the greatest service in softening the glutinous sputa, and rendering it much more easy to be got up by the patient, thereby saving time and many coughs, the patient being enabled to get up all his expectoration at the beginning of the night, and thus start, as it were, with a fresh account, instead of being tormented by the small instalments frequently due. In phthisis also I have found the breathing-in of steam to be of the greatest service in the frequent though often slight attacks of localized congestion, which denote that the disease is placing its grasp upon another portion of the lung; such attacks, if not altogether warded off, being certainly modified in their intensity. I could now give details of many cases in which phthisis appeared to be kept in subjection, each exacerbation of the disease being speedily met and apparently crushed; but I must proceed to give details of the mode of application of the steam. This varies in different patients.

In the case of infants, where the simplest means must be used, I have found nothing to succeed so well as placing a flat and broad vessel at each side of the cot in which the little patient is; these should be kept filled by the nurse with hot water, and the steam from them is caused to ascend and float round the little sufferer, who unconsciously inspires the beneficial vapour. In patients of more mature age the steam may be applied by an ordinary teapot, which being *half* filled with boiling water, and the mouth applied to the spout, the patient may be taught to draw in the steam with his inspirations. At first it may give rise to a little irritation of the mucous membrane, but the patient quickly feels the beneficial effect, and generally perseveres in its use. It is a good plan to put some tea, cinnamon, &c., at the bottom of the teapot, which prevents the insipid taste of the steam from being disagreeable to the patient. I lately had a patient, an overlooker in a cotton factory, who was suffering from chronic irritation of the lungs, evidently arising from the small particles of cotton floating with the inspired air into his air-cells, and there giving rise to his sufferings. I explained to him the action of steam in his case, and he, being of an ingenious turn, put a piece of elastic tubing, about four feet long, to the spout of the kettle, and after his day's work, regularly sat by his fire inhaling the steam, and in about half an hour was able to get up all the cotton taken in during the day, thereby ensuring a comfortable night's rest, which had been before impossible from cough. Steam may also be applied in this way: a small perforation is made in the lid of a common kettle, into which may be soldered a short tin tube bent up at a right angle; attached to this may be a tube of vulcanized india-rubber, of any reasonable length, which may reach over to the bedside of the patient, and, opening out near to the patient's mouth, may during the night keep the air inspired hot and moist. The whole expense of this apparatus is only a few shillings. This plan is adapted for nightwork, as the kettle, if filled at bed-time, will furnish steam sufficiently during the whole night. Many other plans may be adopted, and no doubt will occur to the ready mind, but the great object to be attained is to keep the air inspired warm and moist as a powerful curative agent, being one particularly useful in this climate, where diseases of the chest are so common.

City-road, Manchester, August, 1864.

RECOVERY IN TWO CASES OF ACUTE TRAUMATIC TETANUS.

BY O. FOSTER, ESQ., M.R.C.S.

IN looking over my case-book I am reminded of the great interest I took in two severe cases of acute traumatic tetanus under my care within the last two or three years. I do not lay claim to any originality in the treatment of them, but as it was successful I forward them for insertion in THE LANCET. If perchance by my remarks anyone should be happier in the saving of life or mitigation of suffering in that formidable malady I shall be compensated fiftyfold.

It having fallen to my lot during a career of thirty years' country practice and surgeoncy to a small provincial hospital to meet with several cases of acute traumatic tetanus which were unsuccessfully treated with morphine, belladonna, aconite, tobacco, warm baths, counter-irritation, &c., singly and combined, and in some of which, I fear, the remedies increased the sufferings rather than relieved the sufferer, if they did not even hasten a fatal termination, I determined, if ever another case fell under my charge, I would act more upon the expectant principle than I had hitherto done, attending only to the usual routine of keeping the bowels well open, at the same time supporting the patient to the best of my power, and leaving the prominent features of the malady almost entirely uncared for. Singularly enough, it was not very long before the two following severe cases occurred in our little hospital of thirty beds. Both of them being my patients, I had the opportunity of carrying out my intention, and was rewarded by coaching them both through a severe and dangerous illness to a state of convalescence and health.

On the 9th of May, 1861, John S——, aged twelve years, a farm-labourer, received a contusion of the shoulder in consequence of being jammed against a gate-post. On the 15th he was sent to the hospital in a tetanic condition; there was no external wound or evidence of injury to the bone. Trismus was severe, and the least effort to open his mouth was accompanied by violent spasms in the neck, which soon extended to the back and legs; indeed the whole of his muscular system became so affected that it was at times difficult to keep him on the bed. Such were his sufferings that his near relatives only desired the one speedy termination to his misery. This state of things lasted for nearly three weeks, at the expiration of which time the severity of the symptoms began to subside, and he gradually advanced towards convalescence, which was slow. He left the hospital on July 3rd quite well. The treatment consisted of half a grain of acetate of morphia every night; castor oil and spirits of turpentine, half an ounce of each every morning, which acted freely, bringing away a quantity of vitiated offensive matter. The effort to swallow produced such violent spasms that we were often unable to get down the amount of nourishment required; but the directions were to give as much strong beef-tea, milk, and port-wine as he could take, and we sometimes succeeded in getting down nearly half a pint of each in the twenty-four hours, of course taken in very small quantities.

Noah C——, aged forty-five, in good health, and a prudently living man, was admitted on the 21st of March, 1862, having that day had his wrist and hand crushed when attending to some machinery. I removed the arm below the elbow, and the case progressed most favourably for ten days. On the 31st he had a rigor, which was followed by stiffness in the jaw and neck, and was attributed to cold. On April 1st I strongly suspected what was impending, and on the 2nd we had well-marked evidence of tetanus. The case was a severe one, and for three weeks he suffered as much as I had ever witnessed on like occasions. The spasms were excessively severe. Opisthotonos existed to such an extent that he often only touched the bed with his head and heels. From the inordinate action of the masseter and temporal muscles, as well as those of deglutition, it was impossible to administer nourishment—which consisted of strong beef-tea, milk, and port wine—except in small quantities; of the latter he sometimes took a pint in the twenty-four hours. The general opinion was that he must die, though I was encouraged by the successful issue of the former case to hope otherwise; nor was I disappointed. On or about the 20th of April the case showed signs of amendment, which gradually though slowly progressed towards convalescence, and he left the hospital well on the 20th of May. The treatment carried out was the same as in the case of the boy S——, with the addition of the inhalation of chloroform, which afforded relief only during the first two days; and that of a blister to the spine, which decidedly increased the severity of the spasms and his misery. The only medicine given was a grain of acetate of morphia every night, and half an ounce each of castor oil and spirit of turpentine every morning, which was steadily persevered with, and brought away, as in the former case, a quantity of vitiated secretions.

It will be evident to the reader that the tendency of the report of these cases, and my object in giving publicity to them, is to condemn the administration of powerful medicines, or resorting to active measures in the treatment of acute tetanus. We have here evidence in two instances of the subsidence of severe morbid irritation, the physical powers not having been crippled by depressing remedies.

Hitchin, Sept. 1864.

ACUTE CHOROIDITIS, ENDING IN BLINDNESS, TREATED BY DIVISION OF THE CILIARY MUSCLE.

BY JOHN J. SKEGG, L.R.C.P.

On the 12th of February last, Alex. C——, aged sixteen years, of apparently good health, was placed under my care. The following history of the case I learnt from him:—Three weeks previously he was seized with great pain in the right eye and around the orbit, lachrymation, and dimness of vision. At the expiration of a week from the attack the sight was quite gone. He was under no treatment.

On examining the eye, I found the cornea surrounded with a zone of vessels, dull, and prominent from the amount of turbid aqueous humour. The iris was dilated, immovable, and the free margin projecting backwards. He still complained of great pain, and could only discern light from darkness.

On the 13th of February I performed Mr. Hancock's operation for division of the ciliary muscle.

Feb. 15th.—Pain very much relieved, and the cornea and aqueous humour clearer. He was able to distinguish a large key, and also a book.

16th.—The iris commences to act.

20th.—The sight steadily improving. To take an iodide of potassium mixture, which was continued for about three weeks. At the expiration of that time the improvement was not so marked as one could wish.

The eye was examined on the 4th of May (nearly three months after the operation), and the result was very satisfactory and gratifying. The cornea was nearly clear and much less prominent, the aqueous humour brighter, the iris acted well, and the pain had entirely gone. He could discern any object readily, and read the print of a large Bible.

St. Martin's-place, Sept. 1864.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

DISTENDED BLADDER SIMULATED BY AN HYDATID CYST BETWEEN THE RECTUM AND BLADDER; RETENTION OF URINE; TAPPING PER RECTUM.

(Under the care of Mr. MAUNDER.)

THE cul-de-sac between the rectum and bladder is sometimes occupied by an hydatid, giving rise occasionally to symptoms which help to a diagnosis. An instance occurred about three years ago in St. Bartholomew's Hospital. In this case, which was under Dr. Farre's care, the cyst extended upwards, being very prominent in the umbilical region, and caused retention of urine, which was drawn off by the catheter; the tumour, however, remained. (THE LANCET, vol. ii. 1862, p. 476.) The tumour was evacuated by the trocar with success, and its situation was correctly believed to be in the spot named.

A somewhat similar case is the following, with this difference, that the actual condition revealed at the autopsy was not suspected during life, and Mr. Maunder was surprised that the thin abdominal wall did not afford evidence, by the presence of a sulcus, of the existence of two tumours—the cyst and the bladder: probably the contraction and tightening of the abdominal wall, to protect the inflamed viscera, explain the absence of this sign; but it cannot be always relied upon. In future the inability to feel the bladder with facility by the finger in the rectum—except in cases of very large prostate—will aid the diagnosis, if the catheter cannot be passed. In this instance the error in diagnosis did not lead to an error in the treatment; for in either case this would be similar, but the prognosis necessarily different. The possible occurrence of similar conditions is an argument against tapping the bladder above the pubes.

J. F——, aged twenty-four, of spare habit, was admitted into hospital on the 11th of May last in the following condition:—He had an anxious expression of countenance and hiccough, and said that he had not passed urine for four days. Had experienced a slight attack of gonorrhœa once; but never any symptoms of stricture. The umbilical and hypogastric

regions were occupied by a fluctuating tumour, dull on percussion, the surface of the abdomen being tender to the touch; the pulse small, contracted, weak, and quick; the tongue brown and dry. The finger introduced into the rectum detected with difficulty the supposed distended bladder, and the mucous membrane of the rectum anteriorly in the mesian line was thrown into a fold or ridge from before backwards, and was tightly stretched. The bladder could not be reached by the catheter. The tumour was tapped per rectum, and its contents, a limpid fluid, to the extent of two or three pints, withdrawn. While this fluid was flowing through the canula, a fair quantity of rather high-coloured urine passed in a full stream per urethram. The patient was apparently the subject of a reducible inguinal hernia of the right side. The symptoms of peritonitis became aggravated, and he expired on the 13th.

The autopsy disclosed acute general peritonitis; a healthy bladder, containing two or three ounces of urine; and between this viscus and the rectum, and outside the peritoneum, a large and nearly empty cyst, with a small hole in its floor, communicating with the rectum. Hydatid cysts of various sizes were attached here and there to the abdominal viscera; while one cyst, containing a yellow, opaque, oily fluid, represented the supposed reducible inguinal hernia.

WESTMINSTER HOSPITAL.

LARGE RECURRENT TUMOUR OF THE SUPERIOR MAXILLA; REMOVAL; RECOVERY.

(Under the care of Mr. BROOKE.)

THE following case was one of extensive disease of the superior maxilla, which, from its recurrence and its character, was doubtless of a cancerous nature. The operation performed by Mr. Brooke has had the effect of relieving the urgent distress of the patient, but whether it will effect a permanent cure must be doubtful.

The incision adopted by him is that proposed by Mr. Fergusson, and which has the great advantage of leaving no cicatrix across the cheek. Removal of the entire maxilla is as readily effected through it as through the older cut, which left such lasting marks on the patient's face; and, moreover, the amount of hæmorrhage at the time of the operation is much less than by the other method.

For the notes of the case we are indebted to Mr. St. Aubyn Hawken, house-surgeon.

Eleanor V——, aged fifty-one, was admitted Nov. 12th, 1863, with a small tumour connected with the left orbit. The patient had noticed the growth for nearly two years and a half, and on admission it was of the size of a marble, and situated at the inner angle of the orbit, slightly bulging the lower lid. Mr. Brooke made an incision through the lower lid and removed the tumour, a portion of which he found passing into the orbit below the eye. The tumour was of a fibro-cartilaginous character, and was connected with the periosteum of the superior maxilla. The patient was discharged perfectly cured.

Soon after her discharge the patient noticed a swelling near the alveolus (which was edentalous), and this rapidly increased, and the whole side of the face became swollen, and the growth protruded from the left nostril.

She was re-admitted under Mr. Brooke's care July 12th, 1864. On the 19th Mr. Brooke made an incision through the centre of the lip, and carried it into the nostril, then around the left ala and up the side of the nose to the angle of the eye, and, lastly, in a curved direction across the face along the lower margin of the orbit. A narrow saw was then introduced into the left nostril, and the palatine process was divided, after which the malar bone was cut through. With the bone forceps the growth was cut away, and, owing to its soft nature, there was no difficulty in clearing the disease away as far as it was apparent. The lip was brought together with hare-lip pins, and the rest of the incision with interrupted wire suture, the deep part of the wound being filled with lint.

The patient made an uninterruptedly good recovery, the incision healing almost entirely by first intention. The deep part of the wound was kept syringed out with myrrh lotion. The lower eyelid remained tumid for some time, and the patient complained of diplopia, due to slight external strabismus of the left eye, consequent on the operation; but there was no epiphora. Discharged Aug. 25th.

ST. MARY'S HOSPITAL.

PERFORATION OF THE SOFT PALATE FROM SYPHILIS, PRODUCING RHINOPHONIA AND DYSPHAGIA; REMEDY BY OPERATION.

(Under the care of Mr. URE.)

ULCERATION of the soft palate proceeding to perforation, and sometimes to considerable loss of substance, is frequently seen in hospital practice, and every effort is speedily made to arrest the spread of the mischief. When this is effected, and the cure is otherwise complete, if operative measures are judiciously resorted to, any opening in the palate remaining behind can be closed in the manner practised in the following case, which on the whole terminated very satisfactorily.

Mrs. B——, aged thirty-eight, admitted July 22nd, 1863, with a circular aperture in the soft palate, the size of a four-pennypiece, of syphilitic origin, and of many years' standing. It interfered with both speech and deglutition. The uvula was gone.

In order to accomplish closure of the aperture, Mr. Ure pared the edges, which were rendered extremely tense by the action of the palato glossus muscle; and to obviate tension he made two free incisions on each side down to the hard palate. After paring the edges, he passed a curved blade underneath each side of the gap so as to divide the palato pharyngei and levatores palati muscles; the palato-glossus, forming the anterior arch or pillar of the palate, having been severed by the lateral incision. The edges were then brought together by three points of suture. There was some bleeding, this part being supplied with blood through the palatal and pharyngeal arteries and their satellite veins.

July 23rd.—There had been considerable bleeding from the nose in the night, which was stopped by plugging the posterior nares.

24th.—The plugs were withdrawn, and no further hæmorrhage occurred. The pulse was of good strength. The patient was then put on slop diet (broth &c).

27th.—The sutures were withdrawn yesterday. The gap has reopened, and looks sloughy. The patient to have four ounces of brandy during the day.

31st.—The sloughs have cleared away, and the part looks favourably. The patient complains of uneasiness in swallowing. To use barley-water as a gargle.

Aug. 4th.—Copious mucous secretion at the posterior fauces, for which a gargle was ordered of sulphate of copper (two grains to an ounce of water).

6th.—The gargle answered the purpose. The patient's appetite is good; the voice much improved.

12th.—Has been on full diet for some days. The gums are affected after mercurial inunction, which was resorted to in order to get rid of a syphilitic tubercular eruption on the right thigh which troubled her. It does not appear that the patient had ever been under the influence of mercury previously.

17th.—The upper angle of the small aperture remaining was touched with the point of an actual cautery.

28th.—She left the hospital greatly amended in all respects, and called upon the 19th of October, when the small opening was again touched with the actual cautery.

Nov. 23rd.—She again applied, as before, of her own accord to have the minute opening, now reduced to the size of a pin's head, lightly touched with the actual cautery. Articulation and deglutition were natural.

The matted and friable condition of the parts involved, and their impaired vitality, the result of syphilitic contamination, no doubt led to their sloughing; yet, in spite of this, notable contraction of the gap ere long followed, the further closure being effected by the momentary application of a pointed actual cautery about once a month.

WEST LONDON HOSPITAL.

WOUND OF THE THYROID CARTILAGE, FOLLOWED BY SUPRA-GLOTTIC ŒDEMA OF THE LARYNX; LARYNGOTOMY; FATAL RESULT.

(Under the care of Mr. TEEVAN.)

THE time will come when a preference will be given to the operation of tracheotomy in place of laryngotomy in cases requiring relief, and for the important reason that the action of

the parts above the glottis is much impaired, if not interfered with, by the presence of a tube in the larynx. We have no doubt that the recovery is often retarded by laryngotomy; and when it does occur, perfect vocalism is slow and tedious, in some measure the result of impaired power of the thyro-arytenoid muscles, consequent upon the contiguity of a foreign body. This the laryngoscope has abundantly proved in the hands of several. A point of interest in the following case is, that the œdema was chiefly confined to one side of the larynx, associated with true inflammation:—

T. R——, a delicate-looking policeman, aged forty five, was admitted into the hospital on June 7th, having just previously to his admission attempted suicide by cutting his throat. On examination, two transverse wounds, each about three inches long, could be seen extending across the larynx, which was denuded by the higher incision, and a part of the left ala of the thyroid cartilage, about the size of a sixpence, had been nearly sliced off. Neither wound had penetrated the cavity of the larynx. The man had lost much blood, and was in a state of extreme prostration and despondency; the lowness of his voice seemed due to the above causes rather than to any mechanical injury to his larynx. He desired to be allowed to die, and it was with the greatest difficulty that he could be induced to take nourishment, although his power to swallow was not impaired.

On the second day he rallied, and continued to gain strength each succeeding day, so that his recovery seemed certain; but on the night of June 14th, he suddenly tore open his wounds, and tried to get his fingers into the larynx. He was immediately seized by the two policemen who had charge of him; but it required the aid of two more men before he could be fastened to the bed.

The following day, at two P.M., he was seen by Mr. Teevan, who observed that there was some difficulty in breathing, and desired the house-surgeon to remove the lint which was firmly adherent to the wounds. Whilst it was being done, the patient gave a deep sigh, became black in the face, and fell back apparently dead. Mr. Teevan immediately opened the larynx in the crico-thyroid space with a knife which the house-surgeon happened to have in his pocket, and inserted part of a quill-pen. No inspiration followed; but in about one minute a slight inspiratory movement was seen at the upper part of the man's chest, which was quite bare. Several shallow inspirations succeeded, and in about a quarter of an hour he breathed naturally through the tube. He was covered with a profuse sweat, and the pulse could scarcely be felt. As he obstinately refused to take any nourishment, a quart of beef-tea, with a few ounces of brandy, were injected into the stomach; but no sooner did he feel stronger than he at once struggled violently to get free.

June 16th.—Passed a sleepless night, always struggling to get free. Beef-tea and brandy were injected into the stomach, and he also took some liquid by the mouth. Towards evening he became much exhausted, and at times was delirious.

17th.—Began to sink in the morning, and died at nine P.M., apparently exhausted by his continuous struggles.

Autopsy, fifteen hours after death.—A few tubercles were found in the apices of the lungs, but there was no evidence of bronchitis or pneumonia. There was extensive œdema above the glottis, entirely occluding the entrance into the larynx; and when the latter was opened, the œdema was seen not to extend lower than the false vocal cords; it was also far more extensive on the left side than the right. A clear space of healthy tissue separated the puncture in the crico-thyroid membrane from the œdema.

Reviews and Notices of Books.

Entozoa: an Introduction to the Study of Helminthology, with reference more particularly to the Internal Parasites of Man. By T. SPENCER COBBOLD, M.D., F.R.S. Super royal 8vo, pp. 480, with Coloured Plates and numerous Woodcuts. London: Groombridge and Sons.

THIS is a noble contribution to the literature of a subject which has attractions for the medical reader as for the zoologist, and even for the social economist and the statesman. The great prevalence of entozoal disease, and its multiform varieties, the gravity of many of its forms, and the mortality which arises from them, are known to most physicians. And the rapid growth of our knowledge concerning these entozoa, from the researches of modern inquirers, has invested them with increased importance. The identification of the *hydatid* and the *cysticercus*, which are frequent sources of fatal disease as metamorphosed phases of different kinds of tapeworm, has been one of the most remarkable facts in medico-zoological research, and has obviously important bearings. The prevalence of a disease due to the newly-discovered Trichina spiralis, or flesh-worm, has given a fresh impulse to general attention. Others of these entozoa are enormously prevalent amongst animals, such as the Fasciola hepatica, or liver fluke, the cause of the *rot* in sheep, which has killed as many as from 1,000,000 to 2,000,000 sheep in a year in this country. The social and medical interest is not greater than that attaching to their remarkable zoological characters. In many instances, their life-history presents the most astonishing zoological phenomena which can engage the attention of the observer. We may take, for example, the family of Cestodes or tapeworms. In the tapeworm we find a creature, itself at once "a colony of partly dissimilar forms closely linked in single file;" and, from another point of view, in some cases less than an individual: each separate joint of the ordinary colonial or tapeworm condition a separate zooid, of which the mature individuals at the caudal end are capable of realizing an independent existence, and whose contained eggs develop the six-hooked embryo or *proscolices*, in their interior; the latter becoming metamorphosed into *scolices* or nurses, representing the well-known cysticercal state, which, in its sterile or aborted condition, forms the common habit. They are parasitic during the greater part of their life, the mature zooids and eggs being free in cesspools, ditches, and the like, during a certain interval of time. They undergo frequent changes of habitation, either active or passive, the larvæ sometimes floating onward in the blood, at another stage boring their way through the vessels into the parenchyma of the liver and there encysting themselves, then wandering into the abdomen, spontaneously undergoing further change before their final development is attained in their last host. They are bisexual, and all of them exhibit the phenomena of alternate generation. Their transmigrations, active and passive, exhibiting as they do the most marvellous examples of apparent chance and accident subordinate to inflexible genetic rules, are absolutely necessary for the propagation and continuance of the species. Let us trace the development of the common tapeworm, Tænia solium. The whole tapeworm is a *strobile*, or concatenation of individual zooids known as *proglottides*, which latter are bisexual. Here is Dr. Cobbold's analysis:—

"After the proglottis (which, it must be borne in mind, is furnished with male and female reproductive organs) has undergone impregnation by contact with another proglottis, there results from this the formation of eggs within it, which eggs, whilst within the body of the parent, develop into embryos, the latter still retaining the egg coverings. At this time the proglottis is about to undergo a passive migration, and having detached itself from the strobila, it is soon expelled from the bowel of the host, thus finding its way into some cesspool, or, it may be, into the open fields. The proglottides move about for a time, but the growth of the multitude of embryos within their interior causes the proglottis sooner or later to burst, and the embryos thus become dispersed; some are thus conveyed down drains and sewers, others are lodged by the roadsides in ditches and waste places, whilst great quantities are scattered far and wide by winds or insects in every conceivable direction. Each embryo is furnished with a special boring apparatus, having at its anterior end three pairs of hooks; the entire group of embryos of any single proglottis is consequently called the "six-hooked brood." After a while, by accident, as it were, a pig coming in the way of these embryos or of the proglottides is liable to swallow them along with matters taken in as food. The embryos, immediately on their being transferred to the digestive canal of the pig, escape the eggshells and bore their way through the living tissues of the animal, and having lodged themselves in the fatty parts of the flesh, they there rest to await their further transformations or destiny. The animal thus infested becomes measled, its flesh constituting the so-called measly pork. In this situation the embryos drop their

hooks or boring apparatus and become transformed into the Cysticercus cellulosæ. A portion of this measled meat being eaten by ourselves, either in a raw or imperfectly cooked condition, transfers the cysticercus to our own alimentary canal, in which locality the cysticercus attaches itself to the wall of the human intestine, and, having secured a good anchorage, begins to grow at the lower or caudal extremity, producing numerous joints or buds to form the strobila or tapeworm colony."—pp. 220, 221.

The various disorders directly and indirectly due to the presence of the adult tapeworm in the intestinal canal are recorded by Dr. Cobbold, who remarks upon the error, fostered by the cognomen "solium," that this worm is a solitary; on the contrary, it is often in numbers. The most injurious effects, however, are those which follow the lodgment of the larvæ (cysticerci) within our bodies, when they take up their abode in the more important vital organs. He speaks of at least one hundred recorded cases of death by development of the cysticercus within the human brain. The common tapeworm and the cysticercus, its larva, are conveyed to us through eating raw, or underdone, or imperfectly-cured pork or sausages. The ova of tapeworm may also be easily conveyed by fresh vegetables in salads, or fallen fruit, where the ground has been manured, or by river or canal water near human habitations. But neither is pork the only kind of meat which conveys to us tapeworm, nor are the larvæ of the Tænia solium by any means the most dangerous; on the contrary, they are innocuous when compared with the larvæ of Tænia echinococcus, which destroys annually hundreds of human beings.

Dr. Cobbold has a very interesting chapter on Tænia mediocanellata—a worm which so closely resembles the Tænia solium that it has apparently been confounded with it very usually. Tænia mediocanellata is, however, a perfectly distinct species determined by Küchenmeister; and it has been conclusively ascertained by Leuckart's experiments that man becomes infested by this second form of tapeworm by eating imperfectly cooked veal and beef. It has been assumed that Tænia mediocanellata is a rare form in this country, but Dr. Cobbold is of a different opinion. He says—

"Leuckart also mentions that Dr. Krabbe, of Copenhagen, finds the T. mediocanellata quite as frequent as the T. solium in Denmark. Out of thirteen tapeworms in Krabbe's possession, no less than seven belonged to the former species. This agrees with my own experience; for, on looking over our museum specimens in the Middlesex Hospital, I was surprised to find at least half the worms referable to T. mediocanellata.* Leuckart also, to whom I showed a selected series, cleared up my doubts as to one or two fragments. Moreover Dr. Aitken find this species more abundant amongst the soldiers stationed at Fort Pitt, than the so-called common tapeworm. Finally, it has become conspicuously evident that the hookless tapeworm is as abundant in this country as the Tænia solium. One may even go so far as to state that, admitting occasional exceptions, the hooked worm infests the poor, and the hookless worm the rich. This circumstance accords with the fact that the lower classes subsist chiefly upon pork, whilst the wealthier prefer mutton, veal, and roast beef."

Tænia echinococcus in its larval form is probably more injurious to the human race, certainly a more frequent cause of death, than any other internal parasite. The echinococcus or hydatid cyst of man is a larval form of the little Tænia echinococcus of the dog. Its history has been to a great extent worked out by Owen, Huxley, Busk, Nelson, and other of our countrymen, as well as by eminent foreign naturalists. Dr. Cobbold gives a chapter on these hydatids from a professional point of view and in their human relations, which is singularly complete, and to which we must refer all our readers who wish to be acquainted with the collected results of research upon this common form of disease. The extraordinary prevalence of the disease is noted in Iceland, where it is the leading disorder, and where one doctor not unfrequently has upwards of one hundred patients thus afflicted. Schleisner found 328 such cases out of a total of 2600 patients from all causes. This pestilence, which slays nearly a sixth part of all the inhabitants annually dying there, is due in Iceland, as elsewhere, to the contamination of the dog. The tænia, or mature individual, is nurtured in his bowels; the ova which escape from his bowels reach us through water and in other ways, and breed cysts in cattle and in ourselves. By carelessly feeding the dog upon offal the germs of fresh adults are constantly brought within his reach, and the generation is renewed. Dr. Cobbold's remarks upon prevention are extremely well worth study. The trichina disease has already been recently discussed in our pages, and we shall presently devote further space to it; we need therefore, here, only refer to Dr. Cobbold's chapter on the subject as affording a most able and complete view of the zoological and human relations of this mischievous parasite.

We cannot follow Dr. Cobbold through the other chapters of his book, although we would gladly draw upon his interesting sections on spurious helminths, which are connected with some of the most curious instances of accident or imposition which have taxed the ingenuity of physicians to detect or explain. But we must not close this notice without emphatically recommending the volume to our readers. It is a contribution to medical science which does honour to its author, and is a credit to our national literature. It is the genuine result of continuous and patient research, of great acumen, long literary labour, and honourable devotion to science. The subject with which it deals abounds in interest for the physician, for the biologist, and for the philanthropist. The illustrations are numerous, original, and remarkable for their accuracy and beauty; and the bibliography is very complete. The author is largely indebted to Prof. Busk and others, and does not fail to make his acknowledgments. The publisher has spared no pains in presenting the book in a worthy and splendid dress; the paper and typography are luxurious. We heartily hope that the large outlay will be so amply repaid by the extended sale of this standard treatise, as to encourage the issue of books of similar merit in an equally desirable form.

* "Out of five tapeworms since submitted to my examination, four are of this species. One very fine example, from Dr. Greenhow, has the head perfect, and consists of about 1000 joints, or, without reckoning the first inch, where it is difficult to count them, of 946 easily recognised segments.—T. S. C., June 20th, 1864."

STUDENTS' FEES IN SCOTLAND.

To the Editor of THE LANCET.

SIR,—Your Students' Number, as usual, gives a detail of the various educational establishments for those intending to prosecute medical studies, or to obtain medical degrees. There are many who, having, like myself, sons to educate, turn to your pages for information, especially that information which shall teach us the *costs*. As regards the English, but more especially as regards the London schools, the costs are easily calculated; in fact, each school has a fixed sum, and the lectures and other studies for each session are detailed by the different examining boards. It would save a vast amount of trouble if the Scotch schools would follow the same plan. They merely give the minimum of study required, "That he has studied each of the following departments of medical sciences during courses including not less than 100 lectures,"—&c.; but they give no order or regular course of study; and we all know that neither Anatomy, Chemistry, nor Medicine can be acquired by attending 100 lectures. With all submission, I would beg most respectfully, but most earnestly, to suggest to the learned professors of the Scotch universities that they would confer a great benefit on the parents of the young men studying at their schools if they would issue a definite curriculum, setting forth the work to be done in each of the four years of study, and the order in which the lectures and hospital practice are to be attended. It appears now to be left to the choice of the pupils and their friends, and as neither pupils nor their friends can be such good judges of this subject as the professors, I would urge them to consider the request now most respectfully made to them. The question with me is, not whether the pupils are *over*-lectured or *under*-lectured, but that there should be a regular and definite order in which they shall during the four years follow their studies.

I am, Sir, your obedient servant,

Sept. 1864. THE FATHER OF TWO MEDICAL PUPILS.

THE LANCET.

LONDON: SATURDAY, SEPTEMBER 24, 1864.

ANOTHER week will bring us to the 1st of October, and witness the gathering of medical students and teachers for the work of another session. We are disposed to magnify the power of "Introductories," and to believe that teachers upon whom the duty of these opening lectures devolves have a great opportunity of making lasting impressions, for good or for evil, upon the minds of their impressible audience. Probably no other lecture or event of the session has so much influence on the student, to give shape and character to the fundamental notion of what is to be his ultimate place and use in the world, as this has. He is carried quickly over the process and details of his studies to their results; he fancies himself already in responsible relations to society; he sees himself surrounded by men, for whom he has long had a sort of hero-worship, "sitting" on heights where some day he hopes at least "to soar." There is another reason why these lectures are important and worthy of all the thought their authors can bestow upon them. They are read more and more every year. The press does a kindly compliment to the profession by its lengthened reports of them, and thus a great and rare opportunity is afforded to the teachers of medicine of speaking to the great public as to the progress of medical science, and its claims to general regard. We should be sorry to see any mean advantage taken of this great occasion to disparage systems which have received wrongly, as the profession may think, a measure of confidence and support; but it is a most legitimate opportunity of demonstrating to the public the nature of true medical science, the rate of its progress, and the men by which its progress is furthered. In the medical sphere, as in the theological, direct abuse is a coarse thing; the best way of counteracting error is a clear and calm statement of truth. If this be a right and reasonable view of the value of the opportunity enjoyed by a teacher who opens the winter work of a great medical school by an introductory lecture, he should give all his head and soul to such a representation of Medicine as will most effectually engage in the study of it the interest of the medical student, and for the practitioner of it the respect of the public.

It is an old remark, and as true as old, that medical science at any given time partakes of the character of the prevailing philosophy of the day. This is the case now; with advantage and disadvantage. With advantage: Medicine has followed the example of other sciences, and asserted its freedom. It has thrown off the long-imposed yoke of authority. No name "beats us down" now. Never was there less worship of old names, or more disengaged respect for any new name that shall associate itself with the demolition of old error or with the discovery or happy application of new truth. An able and not a flattering American writer has given us this great praise: "The English have given importance to individuals." If the "sacredness of individuals" has reached its highest development in England, in England it should reach its highest point in the medical profession. It is eminently a good sphere for showing the difference between one man and another. There is at present such an absence of authority, of dogma, of specifics, of prescribed courses, that men have to formulate creeds and courses for themselves. Advanced men in our department do not work with very direct view to practice. Accordingly their discoveries have to be appropriated and utilized by the men who are in hard and urgent contact with suffering, which is impatient of theory, and calls for the promptest and directest application of all discovery to its relief. Hence the value of individualism, of personal qualities. This is a great recommendation of our profession, as a pursuit, to good and earnest men. Their means may be scanty, their friends few and unimportant; but if their brains are good and their hearts kind, if they take a serious view of suffering and of the great profession which seeks to alleviate it, they are as sure of "their reward"—getting, that is, their own particular desert—as the members of any other calling, and rather more so.

The science of Medicine has not escaped the evil of the prevailing philosophy of the day. The evil of it is its hard matter-of-factness; its contempt for everything but individual ascertained facts; its notion that we are the helpless victims of causes, and conditions, and forces—that man has nothing to do but watch Nature do everything. There is a "faithless coldness" in the philosophy of the times which refuses to take notice of anything but the actual and the ascertained and the present; forgetting that ideas are greater than facts—that the actual and the ascertained are but parts of, and should be steps to, far larger and grander truths. In Medicine this spirit is terribly unfortunate and out of place. In normal circumstances it is easy enough to acquiesce in the actual. When Nature wears a healthy and happy look, it is easy to say "whatever is is right," and to content oneself with respectful observation and admiration. But when circumstances are not normal, when Nature herself appears unnatural, when pain and disease challenge interference, admiration is out of place and interference a high duty. Fortunately, ample experience repels the chilling suggestions of this do-nothing philosophy. Every day adds to the proofs of the power of medical art, based on growing medical knowledge. If Medicine was never more gentle, more like Nature's self in its operations, than now, it certainly never was more great. Disease was never more beautifully or effectually "checked" than now, and the utility of wise medical service never admitted of more easy demonstration.

Let us hope that the Introductory Lectures which it will so shortly be our duty to report will present such a view of the aims and powers of Medicine as shall send students of it to their work with high hopes of usefulness, and shall beget in the public mind deep emotions of respect.

A QUESTION has been raised as to what is the position which it is most desirable for the medical officers of public institutions to occupy, so far as relates to matters of their general management and discipline. The Governors of the Birmingham General Hospital have, through the report of "a special Committee of Inquiry," collected much valuable information on the matter, and submitted an "Analysis of the Relations of the Honorary Medical Officers to the Committee

or Board of Management in certain important General Hospitals in England and Scotland." The analysis is barren of any definite conclusion, and in this consists its value, as it thereby leaves the question of what is the most desirable status for the medical officer to occupy to be determined according to the circumstances of any particular institution. It appears that a variety of positions equal to the number of hospitals appertain to the medical officers. In fact the experience of one institution seems to have no relation to the practice of another; and yet, notwithstanding this difference in arrangement, there are no grounds for asserting that either in details of general supervision or in medical management there is such a marked variance in the working of the several establishments as to render it desirable that any special rule be adopted as a guide in the matter. It is obvious that there are circumstances which make it in the highest degree desirable that the medical officers of public charities should take an active part in their general management. On the other hand, in many instances, the responsibility of such duties would involve sacrifices of both time and attention to a degree that would render it impossible to adequately discharge the purely professional obligations imposed by the medical officer's official position. It is mentioned in the report that in the three great endowed hospitals of London the medical officers have nothing to do with the *general* administration. In Guy's the superintendent laid this down broadly as the rule of that institution before the Royal Commission of 1857–58, presided over by Lord HERBERT. This arrangement is one founded on a sound policy, inasmuch as to efficiently regulate or manage in their general details the princely revenues of those charities, requires a combination of qualifications which are not of the order exactly to be expected from medical practitioners, whose minds are, from the nature of their daily occupations, generally directed into a different train of thought. The general management must not be confounded with the medical or surgical regulation. In these noble institutions no steps affecting the medical or surgical arrangements are taken without consultation with, and the approval of, the medical and surgical staff. The only objection which can be urged against the arrangement, as so expressed, seems to rest on the fact that the exclusion of the medical officers is peremptory, and not permissive, as in the case of St. George's and St. Mary's Hospitals, where the medical attendants, if so disposed, can, on the payment of the requisite subscription which constitutes the qualification, become governors, and exercise all the privileges of such a position. Those who argue for the exclusion of the medical officers from the Boards of hospitals lose sight of the fact, that the specific object of such institutions is medical or surgical; that the question of financial management only becom important when it is discussed with a view to the greater efficiency of provisions purely medical or surgical; and that to expect gentlemen unacquainted with the influences which are in daily operation, and which affect the working of hospitals, so far as their efficient fulfilment of the purposes for which they are designed is concerned, to prove fully equal to so great a responsibility, is to reverse the usual experience which regulates the practical affairs of life. Men without knowledge of medical matters are liable to many errors. The co-operation and advice of the medical officers cannot be too highly valued by the members of hospital committees, as supplying for their guidance specific information respecting the sanitary condition of the institutions. This is the most important test of efficiency in their regulation. It must not be forgotten that, with rare exceptions, the position of medical officer is purely honorary. Nevertheless in the great majority of instances the arduous labours it involves are zealously and efficiently fulfilled. To exclude, by a positive rule, from the discussion of the affairs of the institution those who give their talents and time for the carrying out of its objects, seems a course little conducive to that mutual co-operation essential for success. There is nothing more deplorable than a want of perfect harmony between the lay and professional officers of a public charity. It has always seemed inexplicable why benevolent and sincere men, all equally anxious for the welfare of those entrusted to their charge, and desirous to act fairly in the interests of any particular charity, should, nevertheless, too frequently be at direct issue on what seems to be but matter of common experience. And yet it is an everyday occurrence. Such a state of feeling may perhaps be attributed to that jealousy in affairs of benevolence from which the most charitable are not entirely exempt. Did such want of unanimity merely involve personal considerations, its existence would even then be a source of profound regret. But it does more. It injures the best interests of every institution in which it finds expression. We have the highest assurance that a house divided against itself cannot stand. Observation of those charities in which, if not a direct conflict in opinion, a want of complete reciprocity of feeling on the part of the lay and medical officers has been known to exist, places the misfortune of such a condition beyond question. It may be affirmed that of the hospital charities throughout the United Kingdom, the larger number either owe their origin to members of the medical profession, or have from time to time had their funds increased by the large contributions or bequests of medical men. Without doubt medical practitioners, as a class, give more and do more to promote the welfare of the sick and suffering than any other members of the community. Their time and labour are gratuitously devoted to the inmates of hospitals. True, the position of medical or surgical attendant is one of honour, which if rightly used leads to ultimate professional success. This, though beside the consideration of that practical benevolence which such attendance implies, yet furnishes a strong argument why the medical officers of our several charities should *ex officio* have the privilege conceded to them of being present at the discussion of questions affecting the operations of institutions in which, on such an assumption, their interests are so deeply involved. In the discussion which has recently directed much attention to the Birmingham General Hospital, Mr. J. W. WHATELY has well put forward the advantages which the board of that institution had derived from the presence of the medical officers. His observations are so appropriate to those gifted gentlemen to whom allusion was made, and at the same time are so applicable to the larger number of our medical charities, that we repeat so much as applies to this particular point:—

"Whatever the system in other hospitals, he thought they ought to attend to their own hospital, and ask themselves whether their own system was working well. Had any mischief arisen to the hospital from the circumstance that medical men sat at the board of management? He ventured to say that, so far from mischief having been caused by that circum-

stance, the greatest benefit had been derived from it. (Hear.) He had seen every one of the present medical men elected; he remembered all their predecessors; and he could say most sincerely that no class of men ever attended any public board with more independence and honourable opinions or feelings than they had, and no institution was more indebted to any body of men whatever than that hospital was to its medical men. Let them remember Hodgson, whose portrait was before them, and ask what he did for the hospital by his constant attendance at the board. Let them remember Goode and Freer. Whether with respect to the house committee, the patients, the nurses, or anything else, nearly all suggestions emanated from the medical men; and he could not conceive any greater injury that could be inflicted on the hospital than would be inflicted by the withdrawal from them of the right of sitting, acting, and voting on the board."

These observations are equally pertinent to many charities. Without diminishing the value of the *éloge* in its particular application, we may affirm it is one not inappropriate to, with rare exceptions, the medical and surgical staff of hospitals throughout the United Kingdom. It must, therefore, be a painful blunder on the part of any Board, and is more particularly so on the part of such a Board as that of the Birmingham General Hospital, to permit a discussion so antagonistic to good feeling and co-operation to take place. Our medical brethren will do well to reflect on the duties and responsibilities which their seats at the Boards of hospital charities entail, and to bear in mind that they will best evince their discretion by remembering that their special mission on all such occasions is to plead the cause of the sick and suffering, to whose physical diseases it is their privilege to minister. This we believe can be most effectually done by abstaining from interference in those several extrinsic matters the regulation of which often constitutes the brief authority of such members as are unwilling or unable to estimate the higher obligations imposed by a profession whose exercise schools its members in works of practical benevolence.

IT is remarkable that the subject of hospital attendance and clinical instruction attracted so little attention in the recent discussions regarding medical education. While attendance on a certain number of lectures is laid down and ascertained with the greatest minuteness, the all-important department of hospital attendance and clinical instruction is left on the loosest possible footing—the camel being quite swallowed in the midst of all the straining at the gnat. It will be observed, on looking over the regulations which appeared in our last number, that the boards require some two or three years of hospital attendance; but no means are taken to ensure profitable attendance, or attendance at all. The hospital fee must be paid. The student enters his name in the hospital register—in some cases once a month, in others once in three months; and although he may seldom, possibly never, have entered the wards, he may not the less receive his certificate of hospital attendance.

What is called clinical instruction occupies various positions in the curricula of the boards. The two extremes are presented by the College of Surgeons and the Scotch boards, the former requiring it for three years, the latter for six months. But of what does this so-called clinical instruction consist? In the language of the Scotch boards it is "clinical *lectures*." In our recollection of the old Edinburgh plan, the course consisted of lectures given by only one of the physicians or surgeons, away in a lecture-room, often but indirectly connected with the cases in the wards, and not unfrequently read. We have a vivid recollection of learning that one of our clinical teachers had written his clinical lectures the year before. This system, however, has been changed for the better, in so far that all the hospital physicians and surgeons engage in clinical teaching, and that instruction is also given at the bedside. These changes have, we understand, effected great improvement in the Edinburgh clinical instruction; but as the Scotch boards yet cling to their old requirement of six months' attendance on "clinical lectures," the Scotch student has still to undergo attendance on formal lectures in addition to the bedside instruction, while for the latter he is left to chance. The College of Surgeons, on the other hand, in requiring three years of clinical surgery, does not define what it means. In some cases the student has only what he can pick up at the passing visit; in some he has lectures by each of the physicians or surgeons in turns, quite as often systematic as clinical; while in other cases care is taken to instruct him at the bedside: but there is no security that regular clinical instruction shall be given.

We have said enough to show that the present regulations in regard to this important department are unsatisfactory, and now indicate briefly the changes which we consider desirable. It is a primary error to separate hospital attendance and clinical instruction from each other. To do so shows misconception of the very nature of clinical instruction (well indicated in the etymology of the term clinical), which should consist of remarks made at the bedside, training the eye and ear of the student to recognise what the physician or surgeon himself recognises, and of passing allusions to the principles which the case illustrates. Any remarks which ought not to be made in the patient's hearing may be made after the visit in an adjoining room. It may be a question whether we ought not to discard formal so-called clinical lectures altogether. They are very liable to degenerate more or less into systematic lectures, of which the student has already too many, and they lead to the neglect of the bedside instruction. Let the boards require a certificate of hospital attendance together with clinical instruction—say twelve months in clinical surgery and the same in clinical medicine, which would imply four winter sessions, or three winter and two summer sessions of clinical hospital instruction; the certificate to bear that the student has received instruction at the bedside for that period during not less than two or three days a week, and to be signed by the physicians and surgeons respectively. The number of pupils accompanying each physician or surgeon at his visit ought to be limited. Besides the unseemliness of a crowd in a ward, it interferes with the utility of the visit and the teaching. Different groups might accompany each of the physicians or surgeons on alternate days, visiting the same wards twice a week. But these and other matters of detail would have to be arranged by the physicians and surgeons according to the number of the pupils and other circumstances. Also, the medical and the surgical visit should be made at different hours, one following the other; not, as at present in some hospitals, simultaneously; so that the pupils who desired might attend both.

We commend the subject of hospital attendance and instruction to the consideration of the Medical Council and of the

hospital teachers. None demands it more, and in no direction are the efforts of the Council for the improvement of medical education more likely to meet with the approbation of the profession.

THE letters which we publish to-day concerning the affairs of the British Medical Association present matter which certainly calls very urgently for the consideration of all the members of that body, and will, we cannot doubt, receive their earnest attention. The fact that of the whole annual subscription not more than two shillings in the pound are devoted to the general purposes of the Association, while the remaining nine-tenths are absorbed in keeping on its legs a weekly journal of a very inferior order, is of itself sufficient to demonstrate the necessity of reconsidering a system leading after many years to such a result. It cannot be doubted that a very large number of medical men are prevented from joining the Association by the knowledge that their money will not be applied to any of the useful purposes which such an Association might well contemplate. We have already indicated some of these purposes. With a working income of over two thousand pounds, this Association might render the most important services to the profession. A parliamentary committee, having the paid services of an efficient legal officer whom it was able to properly remunerate, and possessing the funds necessary to organize parliamentary action on the requisite scale when any of the numerous Bills affecting medical interests are under discussion in either House, could of itself confer immense boons on the profession. A fund from which annual grants should be made in furtherance of scientific inquiries and researches; a disposable sum for grants to medical men attacked by pettifogging lawyers, or unjustly persecuted by ignorant and discontented patients; a reserve fund for general purposes,—might all be easily furnished from the splendid annual revenue of the Association. None of these purposes are attained under the present *régime*, nor are they likely to be while membership is made conditional on the useless expenditure of an immense sum in paper and print. How much might have been done had the £50,000 subscribed to this Association been applied to its natural objects, such as we have indicated! At least there should be an option; and without doubt the members should have an opportunity of voting on this question. A member of the Association who addresses our readers this week offers to bear the expense of the poll if the result be in favour of the *status quo*, and thus removes the last objection to this method of gathering opinions. The letters of "Adsum" and of Mr. R. B. CARTER and Dr. BREE, defining the particular ways in which the improved organization might be made, are worthy of particular attention.

Medical Annotations.

"Ne quid nimis."

THE LAST OF THE "ECLAIR."

THE quondam *Eclair*, of hapless memory, is about to be given to the ship-breakers. The history of this ill-fated ship forms one of the most instructive chapters of naval hygiene. She was a steam sloop, and was first commissioned in August, 1844. Her crew consisted of 140 officers and men. She remained on the Home station until the beginning of November, when she was sent to the African Coast. With the exception of a visit to Sierra Leone, when an extra complement of Kroomen and liberated Africans, numbering forty men, were taken on board, the ship was almost always off Sherboro from the 18th of January to the 4th of July. She passed 130 days there blockading the eastern outlet of the passage at Shebar, and during that time she lost altogether ten officers and men from fever, besides one man from drowning. The ship lay chiefly in filthy-looking water, containing all the washings of the rivers and mangroves, and the evils of her position were intensified by the errors of her construction. The hatchways of the different decks were not, with one exception, constructed in the same lines, hence a satisfactory ventilation of the between-decks, particularly forwards, was impossible. The crew, moreover, were much and needlessly exposed to the miasmata of the coast and to broken weather on boat expeditions, and eight of the deaths from fever appear to have been consequent upon these expeditions. The practice of sending boats on detached expeditions on the African Coast has now wisely been abandoned.

The crew of the *Etna*, when surveying off Sherboro in 1857, suffered from yellow fever. The records of three post-mortem examinations of cases of fever on board the *Eclair*, while off this island, note some appearances very little short of black vomit. On the 5th of July the ship went into Sierra Leone, and remained there until the 23rd. The crew were permitted to have leave, and indulged in much dissipation. A party assisted in cleaning the hold of the *Albert* iron steam-ship, which was in a most foul condition, and did not appear to have been cleansed since the Niger expedition. Four days before the *Eclair* left Sierra Leone fever again appeared amongst the crew, and the subsequent history of this outbreak leaves no doubt that the malady was the dreaded *yellow fever*. Four men were attacked before the ship left Sierra Leone, and three others were seized during July. Six of the seven men first seized had slept on shore. In August fifteen cases of fever occurred; and on the 21st of that month, after the vessel had been refused pratique at Goree, she put in to Boa Vista. There the sick were removed to the shore, and different members of the crew mixed freely with the population. The disease, however, still spread amongst the men. Sixty persons were attacked while the ship remained at Boa Vista, and of these thirty-four eventually died. On the 12th of September, there being no abatement in the fever, the crew were re-embarked, and the ship sailed for England, reaching the Motherbank on the 28th. During the passage no less than forty-one additional cases of fever occurred. The pilot who brought the ship into port also contracted the disease and died, and the succession of cases did not cease until early in October. From leaving Sierra Leone on the 24th of July to the termination of the outbreak in England in October, one hundred and thirty-one of the crew were seized with fever, and sixty-three died.

Unhappily the history of the outbreak does not end with the ship. The fever was introduced by the crew amongst the population of Boa Vista, and caused frightful losses. Ten per cent. of the inhabitants were carried off by this terrible visitation. Blame has been attached to the medical officers of the *Eclair* for the non-recognition of the malignant nature and contagiousness of the fever amongst the crew, and the consequent absence of those precautions which, as events proved, were necessary for the preservation of the population of Boa Vista from infection. If they erred, they paid for the error with their lives. The history of medicine shows no greater devotedness to duty and science than the self-sacrifice of the medical men of the *Eclair* and their successors during the prevalence of the fever. Both the medical officers of the ship broke down under their arduous duties, sickened of the fever, and died. At Boa Vista, Dr. M'Clure, proceeding to England on promotion, volunteered his services to the crew unconditionally. He also presently sickened and died. Mr. Sidney Bernard, who

succeeded Dr. M'Clure, also died from the fever. When the ship reached these shores there was no lack of medical volunteers, and two of these, Dr. J. G. Stewart and Dr. Rogers, barely escaped from their self-sought duties with life.

The *Eclair* was subsequently commissioned under a new name—the *Rosamond*. The history of the ship under her new designation shows that she was essentially foul—a true pest ship. A year or two after the terrible outbreak of yellow fever amongst her crew in 1845, the disease again appeared on board. In 1852, while on the West India station, she proved to be extremely sickly; and when in the Baltic in 1854, Dr. Milroy states that she "was infested more than any other ship of the fleet with low fever and other zymotic maladies; and her daily sick-rate averaged the enormous proportion of eight per cent. of her crew throughout the whole period." The only fitting destination of such a ship is the breaker's yard.

ACTIVE AND PASSIVE WORK.

IT was charged as a defect in medical education by no less eminent an authority than the present Archbishop of York, in an address which he delivered at a metropolitan school of medicine in the summer, that it provided for the student too large a share of passive work and too little active work; that it kept the student for too many hours in the position of a listener, and exercised him too little in the capacity of questioner or respondent. He stated justly that there is a limit to the receptivity of the mind; and after listening for a period, even ordinary intelligence requires to be permitted to alter its mode of action—to cease from listening and quietly pondering; and it becomes then an actual relaxation to change the form of mental exercise. Thus the relief afforded by a mixed tutorial system is very great. For a man who has been fixed to a seat receiving a continuous stream of information it is not only a great benefit to be called upon to inspect his mind and see how much he retains of what he has just heard, but it is a great relief to be able to cease from the strain of fixed attention, and to exercise other mental powers—as analysis, expression, or deduction. The substitution of such a mixed tutorial system for continuous lecturing would be very easy in a great number of cases, and very beneficial. After ten minutes' teaching let the lecturer stop and ask a few questions. He will then keep alive the interest of the students—make them more attentive, and also more retentive. Let him give out at the end of each lecture the subject of his next, and the text-book or authorities which he recommends to be consulted on that subject. His best students will read it up; his lecture will be more profitable to minds already partly prepared, his criticisms more intelligible, and his views more clearly appreciated. He will soon know, too, where to apply for good answers, and where for bad ones, both of which it is well to elicit.

THE EX-SURGEON-GENERAL OF THE FEDERAL ARMY.

THE recent advices from New York have brought the painful and unlooked-for intelligence that Dr. Hammond, the late Surgeon-General of the Federal Army, has been cashiered and declared incapable of serving again in any public capacity. The report of the Judge Advocate-General sets forth the findings of the court-martial, the proceedings of which occupied many weeks. They are to the effect that the accused ordered the purveyors to purchase supplies of inferior quality, well knowing them to be such, and to purchase articles at exorbitant prices, with corrupt intent to aid in defrauding the Government, and that he ordered the purchase of "additional large supplies," "corruptly," and "with intent to aid" certain persons "fraudulently to realize large gains thereon," and impute much more than a mere technical overstepping of the limits of the enactment of April 16th, 1862. They convict him of official corruption, abuse of power, and a gross breach of public trust. This spoliation, moreover, it is affirmed, was in part accomplished by the purchase of inferior medical supplies and stores, thus compromising the health and comfort, and jeopardizing the lives of the sick and wounded soldiers suffering in the hospitals and upon the battle-fields of the country—soldiers solemnly committed to the shelter and sympathies of the office held by the accused.

The Judge Advocate-General remarks in his report, that "the trial, which lasted nearly four months, was one of the most patient and thorough that has ever occurred in our military history; and the accused had throughout the assistance of eminent and able counsel in conducting his defence. The Court, which was composed of nine general officers, at the close of this prolonged investigation, declared him guilty of the charges preferred, and awarded the punishment which, in their judgment, was in accordance with the nature and degree of the offences committed; and a careful examination of the record leaves no room for doubt as to the validity of the proceedings, or the justness of the findings and sentence."

The following is the order of the President confirming the sentence in this case:—

"The record, proceedings, findings, and sentence of the Court in the foregoing case are approved; and it is ordered that Brigadier-General William A. Hammond, Surgeon-General of the United States Army, be dismissed the service, and be for ever disqualified from holding any office of honour, profit, or trust under the Government of the United States.

"Aug. 18th, 1864." "A. LINCOLN.

Dr. Hammond has written to the *New York Herald* a letter on the subject, of which the following is a copy:—

"Washington, D.C., Aug. 22nd, 1864.

"The undersigned has read in the Sunday *Morning Chronicle* of this city the remarks of Judge Advocate-General Holt on the proceedings of the court-martial in his case. He learns from this review, and from the order of the President appended, that he has been dismissed the army and prohibited from ever holding office under the United States.

"The undersigned has no idea that he will lose one friend by this action of the Administration; but his good name is valuable to him, not only as regards those who know him, but those who do not.

"So soon, therefore, as he is furnished with a copy of the findings and sentence of the Court, he will present to the public a brief history of the facts leading to his arrest and trial, a review of the record in his case, and some commentaries on the report of the Judge Advocate-General. With these he will be content to submit to the judgment of the world as to how far he has been guilty of the offences charged, and how far he has been the victim of conspiracy, false swearing, and a malignant abuse of official power. "WILLIAM A. HAMMOND."

ECHOES FROM INDIA.

THE bitter disappointment and deep indignation of the Indian medical service at the injustice of Sir Charles Wood's warrant is no temporary or evanescent feeling. There is a degree of cruelty in the act which, under a specious pretence of improving the service, robs it of the advantages it possessed, which has produced a profound impression on the officers of that service, and must, we think, also be deeply felt by the whole profession. As a matter of money, this warrant cuts off some £36,000 per annum from the pay of our brethren in India. The medical officers of all grades and periods of service complain bitterly of the wrongs inflicted upon them. These complaints are echoed by the Indian press universally. The *Friend of India*, the *Times of India*, the *Bengal Hurkaru*, the *Delhi Gazette*, the *Bombay Saturday Review*, and indeed every one of the Indian journals, in analyzing the warrant and commenting on the letters of their medical correspondents, do ample justice to the hardship of their case, and denounce the exceeding injustice with which they have been treated. The following pregnant sentences are from the *Bengal Hurkaru*. Unfortunately they convey a sharp reproof to many of our students

who have lately bartered their birthright and accepted the shilling.

"We are asked for advice as to what course ought to be adopted by the medical service to obtain redress for the wrongs inflicted by the warrant, and to procure its abrogation. The medical service is a military service, subject to discipline, bound to obey, and has therefore no power of redress within itself; but its battle will be fought, as it has heretofore been nobly fought and is still being fought, by the medical schools of England, by the high-minded professors who teach in them, by the independent profession at home, and by the mass of young men about to enter upon a medical career. These forces have long been arrayed against his Royal Highness George Duke of Cambridge and the Horse Guards, and they will now pick up Sir Charles Wood's gauntlet, and fight the good fight—and the successful fight too—for their much-wronged brethren in the British armies. That is the quarter from which succour and redress will come. There will be some delay, but the end is sure."

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

MEETING AT BATH (SEPT. 14TH TO 23RD).

THE meeting of the Association last year at Newcastle was acknowledged to have been one of the most successful that had taken place for some years; but, however numerously attended, in point of numbers it has been exceeded by that held in Bath this year. The presidency of Sir Charles Lyell, and the presence of such men as Dr. Livingstone, Bishop Colenso, and others, to some extent induced many to attend who might otherwise have been absent. The interest taken in many of the subjects brought before the different sections by ladies—some of whom, in that of Physiology especially, were seen to be taking copious notes—shows that the thirst for knowledge in the gentler sex is certainly on the increase. Contributions to, we may say, all the sections were frequent from members of our profession; and the number and variety of subjects and of papers brought before that devoted to physiology afford evidence not only of the yearly increasing prosperity of this branch of science, but of the necessity for creating it a distinct section instead of allowing it to remain a mere sub-section. We trust that that will be brought about ere long.

"The Present State of the Dietary Question" formed the subject of the address of the president of the Physiological section—Dr. Edward Smith, F.R.S. This was considered first in its practical aspect in public and private dietaries, and next in its scientific aspect. After adverting to the great number of Poor-law dietaries in operation in England and Wales, owing to the want of superintendence by some competent medical officer, he proceeded to describe a movement which has of late years been introduced with respect to the nature and quality of the diet and the mode of preparation, particularly referring to the arrangements of the army, which he said were as varied and economical as those which existed in a private family. He went at length into the question of the dietaries of gaols and convict prisons, and of hospitals and schools. He especially alluded to the insufficient diet provided at many cheap educational establishments at a period of life when the greatest attention to proper nourishment was required. He referred to the Banting system, which he said was a matter of private taste, but would be an evil to the nation, both bodily and mentally, if the system of reduction were to become at all general. On analyzing the nutritive qualities of the different kinds of food, he censured the practice, so common amongst farmers, of feeding their pigs with milk rather than sell it at a low price.

A long and animated discussion ensued, in which the chief speakers were Professors Rolleston and Acland, of Oxford; Sir John Richardson; the Bishop of Bath and Wells; and Dr. Hayden, of Dublin. The importance of the subject was recognised by all; and Professor Acland observed that he was sure he was speaking the sentiment, not only of everyone in the room, but of every intelligent person in the country, when he said that this question of human food was, of all scientific inquiries, the most important. He moved that the address be printed, and that steps be taken to draw the attention of the Government to it. Sir John Richardson said he had just come from a Government hospital, where they had a professed cook at £70 a year salary; and although there was some demur when it was first proposed, the result was a clear saving of £100 a year.

Following the President's address was a paper by the Rev. J. Slatter "On the Dietary of the Agricultural Poor."

Dr. Gibb read a paper "On the various Forms assumed by the Glottis." These he showed to vary from an isoceles, equilateral, or right-angled triangle, to a lozenge or barrel, circular, oblong, lanceolate, elliptic, pyriform, arched, and linear form. The commonest of these was the first. He referred to some other and rarer forms. All these he endeavoured to explain in accordance with our increased knowledge of the minute anatomy of the triceps laryngea or thyro-arytenoid muscles.

A discussion ensued, in which Professor Bennett of Edinburgh, Dr. Hayden of Dublin, Dr. Turner, the President, and Dr. Crisp took part.

Dr. Turner read a paper "On a Supplementary System of Nutrient Arteries for the Lungs." An arterial plexus was described on the side of the pericardium beneath the mediastinal pleura. It was formed by the junction of the pericardiac, mediastinal, and phrenic branches of the internal mammary artery with each other, and with numerous fine branches from the trunks of the intercostal arteries. From it a number of slender, thread-like arteries passed to the lung, some in front of its root, others behind, and others between the layers of the ligamentum latum pulmonis. Some of these arteries were distributed in the substance of the lung, others on its surface beneath the pulmonic pleura. Through the agency of this plexus an arterial communication is established between the bloodvessels of the lung and the arteries which supply the wall of the chest with blood.

A paper "On the Action of the Nervous Tissue concerned in Perception" was read from Mr. W. E. C. Nourse. In this paper the author endeavoured to show how the perceptive functions of the nervous tissue were influenced by mechanical, chemical, and chemico-vital alterations in the blood, and a few instances were named in which the same functions were influenced by states or by other actions of the nervous system. The nature of the nervous action concerned in perception cannot yet be explained.

In other sections, papers of interest were read by Dr. Miller "On the Analysis of a Hot Spring, containing Lithium and Cæsium, in Wheal Cliffard;" "On the Cohesion Figures of Liquids," by Mr. C. Tomlinson; "On an Easy Mode of Measuring Heights," by Mr. M. Moggridge; "First Steps towards the Domestication of Animals," by Mr. Francis Galton; "On the Turcoman Tribes of Central Asia," by M. Vambery; "On the Ethnology of the Iranian Race," by M. de Khanikof;" "On Revolving Sails," by Capt. Wheatley, R.M.; and "Statistics of Crime and Criminals," by Mr. Saunders, the Recorder of Bath. The object of this last paper was to prove that the general belief that the nation was deluged with hardened criminals was founded upon a fallacy, that crimes and criminals had not really increased, and that with reference to both this country was never in a more satisfactory condition than at the present time. This was supported by evidence of an indisputable character.

Dr. Cobbold, F.R.S., read a paper "On the Development and Migrations of the Entozoa." This detailed the results of an extensive series of experiments sanctioned by the General Committee at the Cambridge meeting in 1862. The author gave the facts which his curious investigations had elicited. The parasites employed were either flukes, tapeworms, round worms, or their larvæ; whilst the experimental animals invited to partake of them were dogs, horses, goats, monkeys, rabbits, frogs, fishes, and cockroaches. The data furnished by these experiments demonstrated the possibility of checking, if not altogether destroying, the echinococcus endemic malady of Iceland and other similar parasitic diseases.

An interesting discussion followed.

In the same section as the foregoing (Zoology), Dr. Crisp read a paper of "Contributions to the Anatomy of the Quadrumana, with a comparative estimate of the Intelligence of the Apes and Monkeys." This was followed by another paper giving the "Special Points of Difference between the Larynx of the Negro and that of the White Man," by Dr. Gibb. During the reading and discussion upon these two papers, the large room de-

voted to the section was literally crammed with ladies and gentlemen, who appeared to take considerable interest in the subjects treated.

In the Physiological Section, on the second day, was read an elaborate and carefully drawn up Report on Muscular Irritability, by Dr. Michael Foster, jun. The President said it did not contain, nor was it expected to contain, any new matter. The intention was merely to put before the Association, by request, the information already attained as clearly as possible; and he thought that that object had been achieved. A paper was read by Mr. T. S. Prideaux "On the Functions of the Cerebellum."

Dr. Herapath read a paper "On the Presence of Indigo in Purulent Discharges;" and entered into the particulars of the case of a coachman suffering from an enlargement of the knee-joint where the blue pigment was present in the serous discharge. He was satisfied by the chemical tests he had applied that, if not indigo itself, the matter was of exactly analogous properties.

Dr. Thurnam read a paper "On the Obliteration of the Sutures in one Class of Ancient British Skulls." A comparison of a number of skulls showed that the elongated form was usually coincident with the early obliteration of the sutures; but whether the two things were in any way connected, it was impossible to say. He described an ancient British skull found at Charlcomb, near Bath, with a transverse depression, which, he believed, was due to the wearing of a particular description of head-dress, and not to fusion of the ernes.

"The Temperature of the Sexes" was the subject of a paper by Dr. John Davy, giving the results of some experiments he had made as to the relative temperature of the two sexes. Three healthy men and three healthy women were selected; and the result was that in the men the temperature varied between 99° and 99¼°, that of the women being between 97¾° and 98°. He considered the early opinion of Aristotle correct, that a man possessed more warmth than a woman. The President (Dr. Edward Smith) observed that whatever difference of opinion there might be with respect to the accuracy of the author's conclusions, all would agree, he was sure, that if men were more warm-bodied than women, women were the more warm-hearted. (Cheers.)

In other sections the following papers of interest were read: "On the Increasing Desiccation of Inner South Africa," by Mr. James Fox Wilson; "On the Growth of Desert in Morocco," by Dr. Thomas Hodgkin; "On the Early Migrations of Man," by Mr. John Crawford; "On a Mode of Determining the Velocity of Sound," by Dr. Stevelly; "Notice of the Physical Aspect of the Sun," by Prof. Phillips; "On the Direct Conversion of Acetic Acid into Butyric and Caproic Acids," by Mr. A. R. Catton; "Description of an Apparatus for Estimating the Organic Impurities in Atmospheric Air and in Water," by Mr. Stewart Clark; "On the Pollution of Rivers by the Sewage of Towns," by Dr. Stevenson Macadam; "On the Utilization of Sewage," by Dr. Henry Bird (this was a long and highly important paper, and excited considerable discussion, in which a number of gentlemen took part, including Dr. Gilbert, Mr. Tite, M.P., the Dean of York, Prof. Williamson, and Prof. Bennett); "On the Prismatic Formation of Ice," by the Rev. G. F. Browne (the same gentleman also read a paper on the "Formation and Condition of the Ice in certain Ice-Caves of the Jura, Vosgian Jura, Dauphiny and Savoy"); and "On the Mortality of Europeans in India," by Mr. S. Brown.

Dr. Turner read a paper "On Cranial Deformities;" and described a peculiar form of head, in which the frontal eminences were completely absent, and, in consequence, the forehead above the eyebrows and orbits was flattened, or even concave. The head corresponded to the form termed Trigonocephalous by Welker. The mode of production of this form of head was discussed; and the conclusion was drawn that it was due to a fusion of the two centres of ossification of the frontal bone, and consequent premature obliteration of the frontal suture.

A paper was contributed by Dr. R. Boyd "On the Measurement of the Head and Weight of the Brain in 696 Cases of Insanity examined at the Somerset County Lunatic Asylum," of which the author is the physician. The forms of the disorder were given under eight heads, at ages in decennial periods. The average measurements and weights of the body and cerebro-spinal organs were also given. The weight of the several parts of the brain is more in males than females; and, as a general rule, the left cerebral hemisphere is larger than the right. The greatest inequalities in the hemispheres are observed in epileptics and idiots. The average weight of the encephalon in the whole number was three ounces and a quarter more in males than in females.

"The Fall of Rain in the British Isles," by Mr. J. G. Symons, and "The Temperature and Rain-fall of Bath," by the Rev. L. Jenyns, were two papers of great value in Section A. In the first it was stated, that it always happened that while we had a very heavy rain-fall during many continuous periods in one district, we had drought in another, and thus the general average was maintained. The second paper was of especial interest, as Bath is much resorted to by invalids, not merely for the sake of its medicinal waters, but also from its affording a mild winter residence.

Mr. A. B. Middleton read a paper "On the Sanitary Statistics of Salisbury;" and Dr. J. A. Symonds, "On the Sanitary Statistics of Clifton." Clifton has been represented as having a mortality as high as 24 in 1000, but Dr. Symonds showed that it was really not so, and that it was unfair to associate the watering-place of Clifton with such districts as he referred to in his paper. The numerical death-rate of a watering-place, he observed, should neither be complicated with the mortality in distant rural retreats, nor burdened with that of the sickly suburbs of a crowded city.

A statement of the "Mortality of the City of Bath" was read by Mr. R. T. Gore. This excited a long discussion, supported by Dr. Farr, Dr. Symonds, Colonel Sykes, Mr. Gore Langton, M.P., Dr. Tunstall, Mr. Tite, M.P., Mr. Purdy, and other gentlemen.

A paper was read from Mr. C. W. Peach, "On Traces of Glacial Drifts in the Shetland Islands." In the course of examination of these drifts, Mr. Peach had found limpet, periwinkle, and other shells, in the glacial drifts that were 200 feet above the present level of the sea.

"The Combination of Food in the Meals of the Labouring Classes" formed the subject of a paper by Dr. Edward Smith, and as a topic of this kind is of general interest the room was crowded as usual, and an animated discussion took place, in which Prof. Bennett, Dr. Crisp, the Bishop of Bath and Wells, Prof. Wanklyn, Dr. Falconer, Prof. Rolleston, Mr. Grierson, and others took part. The author at the outset divided his subject into two parts, separating the agricultural from the town population; and further subdivided the former class into those fed at the farm, and those who took their meals at home—the former of whom were well fed, and the latter poorly. After describing the meals of labourers at farm-houses in several English counties, and in Wales, Scotland, and Ireland, he described the meals of the farm-labourers and their families and of what they consisted. The amount of information contained in this elaborate communication, together with all the numerous and varied details, showed that great labour had been bestowed upon the subject by the author.

A somewhat kindred subject, in which some important questions were subsequently raised in connexion with ventilation, was brought forward by Dr. B. W. Richardson—namely, "The Inhalation of Oxygen Gas." This was supplementary to a paper which he had laid before the Association at Oxford. The statement that the inhalation of pure oxygen acted as a narcotic poison was incorrect. The influence of oxygen in inhalation, he said, was modified by dilution of the oxygen, by dilution of the blood, by the activity of the oxygen, and by the presence in or absence from the blood of bodies which stop combination. All these were separately considered.

Dr. Gibb read a note "On the Action of the Bromides of Lithium, Zinc, and Lead." The first of these was prepared with the view of treating gout and rheumatism of the throat and neck; the second he had found to relieve impaired nervous power.

Dr. Goodman read a paper "On the Functions of the Liver," in which he drew attention to the fact that the purification of the blood by excretion was not the only function of the liver, but that it had also a purifying action upon the food and soluble substances before passing into the blood and after the separation of the bile.

Dr. L. T. A. Carter followed with a paper "On the Lymphatics in the Liver of Man and the Pig," in which he explained and illustrated by drawings the extent of penetration of various injected preparations.

"On the Presence of Valves in the Abdominal Veins" was the subject of a paper by Dr. Edwards Crisp. Previous to his discovery of valves in the splenic vein of the giraffe in 1852, the subject had been unnoticed. The physiological import of valves in the abdominal veins of many animals he considered most important; he had pointed them out in his work on the Spleen, and elsewhere, both in man and animals. The mesenteric veins of the reindeer he showed to contain forty-two pairs of valves; and he described them for the first time in various other animals.

A short paper was read from Mr. R. Garner upon the very novel subject of "A Vocal Organ in an Aquatic Insect."

On the 19th the following papers were read in the Physiological Section:—"What is the Best Method of Estimating the Nutritive Value of Foods and Dietaries," by the President, Dr. Edward Smith; "Nutritive Elements in the Dietary of the Labouring Classes," also by Dr. Smith; "The Relative and Special Applications of Fat and Sugar as Respiratory Food," by Dr. Thomas Hayden; "The Use of Milk and Scotch Barley as an Article of Diet," by Mr. George Frean; "The Alimentary Character of Nitrogen Gas," by Mr. Francis Barham; "Meat as a Source of Entozoa," by Dr. T. S. Cobbold; "On the Lentil as an Article of Food, and its Use from the Earliest Historical Time," by Mr. C. G. Monteith.

In Dr. Smith's first paper he pointed out that there were four methods in use in estimating the nutritive value of foods: (1) the weight of the food; (2) the nitrogenous and carboniferous elements in food; (3) the nitrogenous food, carbon and hydrogen (reckoned as carbon) in food; (4) the nitrogen and carbon in food. After considering the first three, and arriving at No. 4, Dr. Smith said it would appear that the most complete as well as the simplest method of estimation of the nutritive value of foods is to calculate the carbon and nitrogen in the whole of any food, without reference to the compound elements which the food may contain. This may be so far carried out that the total quantity of each in any weight of food may be calculated; and in the large amount of work of this kind which he had done for the Government, he had found it needful to construct tables which show at a glance the quantity of each element which is found in every weight of food which can enter into a daily and weekly dietary for a single person, or for a family, and from such tables the total nutritive value of a dietary may be calculated in a few minutes instead of a few hours. He then proceeded to inquire upon what basis dietaries should be calculated.

In Dr. Hayden's paper the view was propounded that fat, being an assimilable substance, must be always in the first instance assimilated, and could under no circumstances be applied to the maintenance of animal heat before undergoing the two-fold process of constructive and destructive assimilation. Amylo-saccharine substances were immediately and directly passed off from the blood, and were never assimilated in the proper acceptation of the term. Of the starch taken as food, however, a certain proportion escaped the converting action of the saliva, and was deposited in the liver, whence it was drawn to supply heat, when the amount of sugar in the food recently taken happened to be insufficient, or when the body was exposed to highly refrigerating influences.

Mr. George Frean said that the demand for barley had overtaken the supply, and its high price and consequent adulteration were telling most heavily on all classes, both in town and country, in Scotland. He then considered how the supply could be obtained, which was chiefly by the cultivation of the thousands of acres of land lying waste throughout the country, and which would supply barley and milk together.

A most interesting discussion followed the reading of these papers.

In Dr. Cobbold's paper the author referred to beef and veal firstly; and in one species of cattle he said that a single larva existed capable of supplying forty-five thousand eggs—enough to poison the whole of Bath. The tapeworms of sheep did not appear able to live in the human body. If the poor, he said, would only abandon their semi-civilized habit of eating raw or half-cooked meat the evil would soon cease altogether, for all danger to mankind was averted by cooking the meat at a high temperature—say 212° Fahrenheit.

The President said the subject was not inviting, but it had been brought forward in a most interesting and instructive manner.

A paper by Dr. Phipson, "On the Black Stones which fell from the Atmosphere at Birmingham in 1858," was read. On analysis, they were found not to be aerolites, but small fragments of basaltic rock, similar to that which existed a few leagues from the town. He believed they had been carried up by a waterspout. Another paper by Dr. Phipson was "On the Medicinal Muds of the Island of Ischia," which muds contained sulphur among other elements.

The following papers were also read: "On an Apparatus for the Preservation or Disengagement of Sulphuretted Hydrogen, Carbonic Acid, and other Gases;" by Mr. Maxwell Lyte. "On the Colouring of Agates;" by Professor Tennant. "On the Detection of Poisons by Dialysis;" by Dr. Machattie. "On Certain Points in the Anatomy of the Earthworm;" by Mr. Ray Lankester. "On the Decay of Species, and the Natural Provision for Extending their Duration;" by Dr. Daubeny. "Registration of Births and Deaths in Ireland;" by Mr. J. Wilson. "An Account of the Successful Accomplishment of the Plan to Transport Salmon Ova to Australia;" by Mr. Thos. Johnson. "Some Observations on the Salmonidæ, chiefly relating to their Generative Function;" by Dr. John Davy.

A paper by Mr. Frank Buckland, "On the Natural History of the Oyster," excited some attention. He referred to the general failure of spat this year, and also to the sudden death from unknown causes of whole banks of pearl-bearing oysters at Ceylon, which would enormously increase the price of pearls. He exhibited tiles, stones, bits of pottery and glass, on which oysters had assembled themselves, like grapes, in large bunches.

Mr. John Crawford read a paper "On Human Hybrids, or Crosses."

Sir William Logan read a paper in the Geological Section on Organic Remains in the Laurentian Rocks of Canada, which were now the earliest marks of organic life yet discovered on the globe. These rocks are below the Lower Silurian, and cover an immense tract of country north of the river St. Lawrence. The name given to the supposed foraminifer is Eozoon Canadense, and was represented in various large diagrams as it appeared under the microscope. Sir Charles Lyell at first had some doubts as to the specimens representing remains at all, but he was inclined to believe they were so, knowing the care with which Sir William Logan had always conducted his researches. Professor Rupert Jones, a high authority on the subject, believed them to be foraminiferæ; Mr. Salter thought they were not.

An interesting and elaborate report on the Nitrite of Amyle was read by Dr. B. W. Richardson, wherein he showed this agent to be one of the most powerful known, not unlike woorara in some of its properties. He was requested to continue his researches and experiments upon the subject, and a grant of money was recommended for the purpose of aiding him in carrying this out.

Dr. Dickson read a paper in which he described the various theories propounded with reference to the formation of cells and the maintenance of the nucleus of cells. He took the ground that every individual molecule was endowed with life, and consisted of double actions, positive and negative; and he explained the process of impregnation by supposing that the germinal and sperminal atoms contained respectively the positive and negative forms necessary to exist in union in order to give life.

A discussion ensued, in which the President, Dr. Edward Smith, Professor Bennett, Dr. Crisp, Dr. Harley, the Rev. J. Croome, and Dr. Richardson took part.

Dr. John Davy contributed "Some Observations on the Horse-Chesnut, its Composition and Uses." He thought, as the tree was cultivated largely in many places, that it would be a desideratum that its products, now commonly allowed to waste, should be brought into use, especially its fruit.

Papers were read by Dr. Cobbold on "Vegetables and Fruit," and also on "Water as a source of Entozoa." He had no doubt that entozoa were introduced with vegetable food, and referred to various vegetables containing them. Unripe fruit contained none. All decomposing animal and vegetable matter sustained entozoa.

"On the Hour of Death in Acute and Chronic Diseases" was the subject of a paper by Mr. Alfred Haviland. He had collected over five thousand cases with the hour of death and other circumstances recorded, which he had tabulated and exhibited on a large chart. He showed that in a thousand cases of death in children under five years of age the periods of greatest mortality took place between one and eight A.M. An extraordinary depression took place in the succeeding hours, between nine and twelve P.M. The tables on the chart proved the excessive mortality in the early hours of the morning, when the powers of life were at their lowest ebb, and, strange to say, when the patient was most cared for.

"The Physiological Effects of Tobacco" were considered in a lengthy paper by Dr. B. W. Richardson. He spoke of the products of the combustion of tobacco, the physical properties of the component parts, variations in the different kinds of tobacco, physiological effects of the compounds named in the foregoing, the mode of smoking, and the effects of moderate and immoderate smoking on the organs of the body.

This was followed by a paper from Dr. Crisp, "On the Size of the Blood-Corpuscles in relation to the Size of the Animal, its Organization, and powers of Endurance." The object of this communication was to show that the opinion generally entertained, that the largest animals in the same family have

the largest blood-globules, was erroneous in many instances. The blood-corpuscles of 180 animals, drawn to a scale, were exhibited in illustration.

Dr. J. Hughes Bennett exhibited a Sphygmograph—a portable clockwork apparatus for measuring and recording pulsations. The instrument marked the power and rapidity of each beat of the pulse by means of a steel-pen. The invention was that of M. Marey.

The old Welsh Mistletoe Cure for St. Vitus's Dance was illustrated with a case by Mr. M. Moggridge.

"The Poisoned Arrows of Savage Men" formed the subject of a paper by Professor Harley, illustrated by specimens of poisoned arrows, &c.

The Rev. W. Tristram read papers in succession "On a Bone Breccia with Flints, found in the Lebanon;" "On the Formation of the Jordan Valley and the Dead Sea;" "A Notice of Bitumen and Sulphur Deposit at the South-west Corner of the Dead Sea;" and "On the Geology of Palestine." He was followed by Dr. Falconer, of London, who read a paper "On Fossil and Human Remains in the Gibraltar Caves."

A paper "On the Invisible Part of the Moon's Surface" was read by the Rev. T. Webb. Without offering any positive opinion of his own, he said there was nothing to contravene the idea that there existed an atmosphere at the back of the moon compatible with the requirements of vegetable and even animal life; but he called attention to the fact that the observations of the visible hemisphere seemed to lead to the conclusion that the volcanic character of the moon was not favourable to the supposition that the moon was inhabited.

Of various other interesting, and some of them highly valuable, papers, space will permit us only to mention the following:—"The Physiological Aspect of the Sewage Question" (the sole communication before the Physiological Section on the last day of the meeting), by Professor Bennett, of Edinburgh; "The Thermal Water of the Cliffard Amalgamated Mines of Cornwall," by Mr. Warrington Smyth; "On Some Probable New Sources of Thallium," by Mr. Wentworth Scott; "On the Production of Cold by the Expansion of the Air," by Mr. A. C. Kirke; "Account of the Mode adopted at the Bradford Union for the Utilization of Sewage," by Mr. W. Gee; "On the Disposal of Town Sewage," by Dr. Paul; "On a very Ancient Human Cranium from Gibraltar," by Professor Busk; "On Salmon Hatching and Salmon Ladders," by Mr. Frank Buckland; "On South African Swifts and Swallows," by Mr. Frederick R. Surtees; "Trap-door Spiders from Corfu," exhibited by Mr. R. F. Wright; "On the Atmosphere," showing that there is a difference in its vital constituents north and south of the equator, by Mr. Samuel Mossman; "On the Scythians," by the Duc de Rousillon; "On Otoolites," by Mr. E. S. Higgins; and "The Hairy Men of Jesso," by Mr. W. Martin Wood.

At the concluding general meeting, held on the 21st inst., it was announced that the next meeting of the Association would be held at Birmingham, under the presidency of Professor John Phillips, of Oxford.

Correspondence.

"Audi alteram partem."

THE BRITISH MEDICAL ASSOCIATION AND ITS WEEKLY PRINT.

To the Editor of THE LANCET.

SIR,—In consequence, I suppose, of the proposition I made in THE LANCET of the 27th ult. to form a Medical Association which should not be encumbered with what you have justly termed a "third-rate" weekly journal, the Editor has made me the subject of some uncalled-for and impertinent remarks in his last issue, which has been kindly sent to me by a friend. He says, in the first place, that my letter was refused insertion on account of the "unbecoming violence of its language." I can only answer to this that it is manifestly untrue. Had the language of the letter been as described it would have been the duty of the Editor to leave out any part to which he objected, or have written to me upon the subject, or have noticed the fact in his answers to correspondents. Instead of this he merely announced its reception, and took no further notice of it. The letter which he is pleased to call a note (it would have occupied the best part of a column) was upon a matter of great public interest. It was strongly opposed to what I conceived the biased opinion of the Editor. *Hinc illæ lachrymæ.* It was, I admit, worded strongly, because I felt that had it been written in the wishy-washy style of the leading articles of the *Journal* it would have excited as little attention as they do. As one of the original members of the Society I felt that such partial treatment was not worthy of the editor of the publication of so important a Society as the British Medical Association, and I withdrew my name accordingly. As to "rash statements" and "former correspondence" I look upon such expressions as simple impertinence, and shall treat them with indifference and contempt.

Let me again urge upon the members of the profession the necessity of uniting to form an Association which shall combine science, justice, and charity, *tria juncta in una*. We can have our annual meetings, and in these days always get a bishop, or a dean, or a mayor to add dignity to our deliberations at such gatherings. Quackery is increasing in impudence, and actions are still brought against us by men of straw.

It may interest your readers to know that the fund to defray Mr. Peat's costs in the action, Candler *v.* Peat, does not yet reach more than half the lawyer's bill. *Is this as it should be?* At all events such a thing could not occur were the subscriptions of the British Medical Association devoted to objects like this, amongst others, rather than thrown away in supporting such a miserable production as their present *Journal*.

I am, Sir, your obedient servant,

C. R. BREE, M.D.,

Sept. 1864. Senior Physician to the Essex and Colchester Hospital.

P.S.—Will the gentleman whose name I am not at liberty to mention, but who called upon me at the board-room of the hospital on his way to Cambridge, state *his* grievance in respect of the *Journal?*

To the Editor of THE LANCET.

SIR,—Your leading article of the 10th inst., in which you cite my letter in evidence of the injury done to the British Medical Association by its *Journal*, has induced me to cast into shape, and to lay before you, some suggestions that have long been floating in my own mind.

I think the Association could do few things that would be more useful than to maintain a quarterly journal of high class, addressed to the educated public, and intended to influence public opinion upon the numerous questions on which medical practitioners have peculiar facilities for forming sound judgments. Such a journal should discuss social topics from the point of view of a highly educated physician or surgeon.

Of topics that require such treatment numbers at once suggest themselves. The mutual relations between doctors and the public, professional remuneration, gratuitous services, hospital management and appointments, education, fashionable quackeries, the position of army and naval surgeons, medical legislation, medical relief under the Poor-law, &c., are a few of the more prominent. I think it cannot be doubted that we should gain immensely, if our matured opinions on these and kindred subjects could be brought before the reading public in a journal written and conducted in a manner that should place it on a level with the existing first-class quarterlies.

The editor of such a publication should be a scholar and a gentleman, possessing unquestionable literary ability. It would be essential that he should only select and judge amongst the works of others; and that he should never write in his own journal. The contributors should be liberally paid; all articles should be anonymous.

The journal should be published for the Association by a house of large connexions, with facilities for pushing its sale. It should be supported from the funds of the Association to an extent not exceeding one-half of the income derived from guinea subscribers (to all of whom it should be supplied); and members should be at liberty to subscribe only half a guinea, in which case they would not receive the journal. One half of the income of the Association would thus be left available for other purposes; and amongst these might be reckoned the publication, when necessary, of a pamphlet of Proceedings, like those of the Royal Medical and Chirurgical Society, containing the actual minutes of the Association and Branches, with abstracts of important discussions.

I throw out this suggestion in bare outline, and with the intention of ascertaining the opinion of others upon the subject.

If it be favourably received by yourself and your correspondents, I shall be glad to fill up the outline with details, to procure estimates of the cost, and to take part in an endeavour to obtain the adoption of the scheme by the next annual meeting; or, if necessary, by the next, or the next again. The existing *Journal* will fight for its life, like a rat in a corner; and will only be overcome by persevering and concerted action on the part of those who, like myself, regard it as a mere nuisance, devoted to the expression of unworthy sentiments in illiterate and unwarrantable language.

I am, Sir, your obedient servant,

ROBERT B. CARTER, F.R.C.S.E.

Stroud, Gloucestershire, Sept. 12th, 1864.

To the Editor of THE LANCET.

SIR,—I have long wished to see some active measures taken with respect to the *British Medical Journal*, and I trust the question of its being supported in the manner it is at present will not now be allowed to remain quiet any longer.

I am not a member of the Association, nor do I intend to subscribe annually a guinea, or whatever may be the amount of subscription, so long as nine-tenths of the sum are devoted to the maintenance of a journal which is unable to stand upon its own merits. I cannot help thinking that many more than myself keep aloof from the Association for this reason, who would, with myself, most gladly join it if the money subscribed beyond what is necessary for working expenses were devoted to more worthy objects than at present: such, for instance, as those mentioned in the letters and articles that have appeared in THE LANCET on the subject; particularly, I think, to the relief of decayed members, or the families of deceased members in needy circumstances.

I would suggest that there should be no attempt to form a new Association, which would only end in failure; but that the present one be reformed in so far as the matter of the *Journal* is concerned. Why not leave members the option of subscribing separately to the *Journal*, receiving their subscriptions to be applied to working expenses &c. of the Association, and letting them take in the *British Medical Journal* as they would any other periodical, by paying for it? If it is worth their support, there can be no doubt it would receive it; if not, let it die.

I shall be glad to be of any possible use in promoting the solution of the question, and most pleased to join the reformed Association.—I am, Sir, your obedient servant,

Sept. 1864. ADSUM.

P.S.—I enclose my name that it may be handed by you to any gentleman who will take steps in the matter, and I will give what assistance I can to it.

To the Editor of THE LANCET.

SIR,—Will your waspish contemporary, instead of making feeble attacks upon yourself and everyone else who does not give undivided allegiance to the editor and his edicts, consent to take the opinion of its members as to its value?

Thus: let a printed slip of paper be sent with a next October number of the *Journal* to each member. Let the slip be folded and directed after the manner of the well-known "Medical Directory circulars." To save trouble on all sides, and to insure the due return of the circulars, let them all be stamped. Let the circular consist of two columns: in one column, the excellent suggestions of yourself (THE LANCET, *ante*, p. 269) and those of Dr. Bree (ibid., p. 251); and in the other, the expenditure of the Association and cost of its *Journal* for last year. Let the only other contents of the circular be prominent directions for each member to draw his pen across the column which *least* agrees with his opinion, and to return the circular by first post. Let the circular be addressed to some gentleman above suspicion, who will, with two others, consent to act as scrutineers.

If the result should be favourable for the continuance of the *Journal*, I will recoup the Association for the expense incurred. If unfavourable, let a general meeting be called, and let sentence of death be passed on the *Journal* forthwith.

I challenge the editor and his friends to so crucial a test; but I know he will refuse, for, should he assent, *Othello* would lose his occupation.

In strict confidence I enclose my card, and remain

A FRIEND TO THE ASSOCIATION, BUT AN

Sept. 10th, 1864. ENEMY OF THE "JOURNAL."

P.S.—Should the Editor of the *Journal* accept my challenge, I reserve to myself the right of drawing up the circular, subject to his approval.

To the Editor of THE LANCET.

SIR,—Your inquiry as to whom the £300 has been paid, which is said to have been expended upon contributors for articles to the *British Medical Journal*, attracted the attention of the Executive Council at a late meeting in Birmingham, and is now undergoing inquiry. The salary which the editor receives is £200 per year, and as there is a sub-editor the editor can have little to do except to honour the Association with his name on the title-page, unless it be a part of his duty to write articles for the *Journal*. You will recollect that on his appointment little or nothing was allowed for contributions, and at some of the annual meetings afterwards the editor urged the essential importance of money being provided wherewith he might secure the services of other gentlemen as contributors in order to render the *Journal* equal to the other medical periodicals. This was thought to be reasonable, and the moment the *Journal* became free from debt this course was adopted, and every penny of the savings of the Association—nay, the funds of the Association have been this year anticipated—have been placed at the editor's disposal. But it has become evident to any one reading the *Journal* that if the editor wrote anything in it there was little left which would require to be paid for; and the inference was either that the editor and sub-editor profited largely by this sum, or that the money was very uselessly expended upon the small knot of friends who supply such very interesting and important communications as those received from "our correspondent" at Liverpool and elsewhere.

The first question which Sir Charles Hastings should answer is, whether the contract with the editor did not stipulate that he should write articles as well as lend his valuable name to the *Journal* in return for his salary of £200. The almost universal understanding is that there was such an engagement, either written or otherwise, and if it should prove that it is not in writing, and the editor repudiates it, it will be the duty of the Association to reconsider their bargain. The next is to explain why so large a portion of the £300 which is allowed for contributions is paid by the editor to the editor himself for his scientific and otherwise learned writings. It was stated at the late meeting that the editor not only receives the lion's share, but that his total income from the Association is something like double the sum which is stated to be his salary. A similar answer is requisite in reference to the sub-editor.

It would be needless to say that those who supported the editor to obtain funds to pay contributors had the good of the *Journal* and not of an individual in view, and are both surprised and annoyed at this indirect mode of increasing the editor's income.

I am, Sir, your obedient servant,

September, 1864. A MEMBER OF THE ASSOCIATION.

CORONER'S INQUESTS.

To the Editor of THE LANCET.

SIR,—You will render a service to the profession generally by drawing attention to the following point, which tells exceedingly unfairly against all medical men. This will be best illustrated by the accompanying account of a case which occurred only a few days since:—

A woman died after labour, having been attended by a second medical practitioner, who was called in in consequence of some dispute between the friends and the first attendant. An inquest was held, upon the distinct plea that the patient's death was owing to the neglect of the first attendant. About an hour and a half before the commencement of proceedings he received a private note from the coroner's office to say an inquest was to take place. This was the first intimation he had, although the later attendant was properly summoned, with a physician who was called in. With so short a notice there was no possibility of proper defence: a verdict of "Manslaughter through neglect" was given against him. Had he not been at home at the time, the whole would have occurred without a chance of explanation. It is not my intention to remark upon the verdict, as that will be sifted before the proper authorities; but what I desire is, to direct your attention to so unjust a treatment. All must feel indignant that a court of inquiry should not consider it proper to subpœna the person who is indirectly accused.

This is by no means an exceptional case. I once stood in the gap, having been called upon by the coroner to assist him in the case between a medical man and the jury, who would assuredly have found him guilty of manslaughter, but that I required his presence before giving my opinion. The inquest was adjourned, the accused summoned, and his explanation satisfied the jury.

I know another, in which but for the coroner sending for the medical practitioner, and adjourning the inquest for an hour, an unfavourable verdict would have been given against him without a chance of any explanation.

These cases probably frequently happen. As an inquest is for the purpose, not of trying a man, but of eliciting the cause of death, the medical attendant who is supposed to have caused the death is the one of all others who should be present. Whether the omission be thoughtlessness or to save the expense of a fee, it acts most injuriously on the medical practitioner, and needs but your assistance to rectify,

I am, Sir, your obedient servant,

J. BRAXTON HICKS, M.D. Lond.

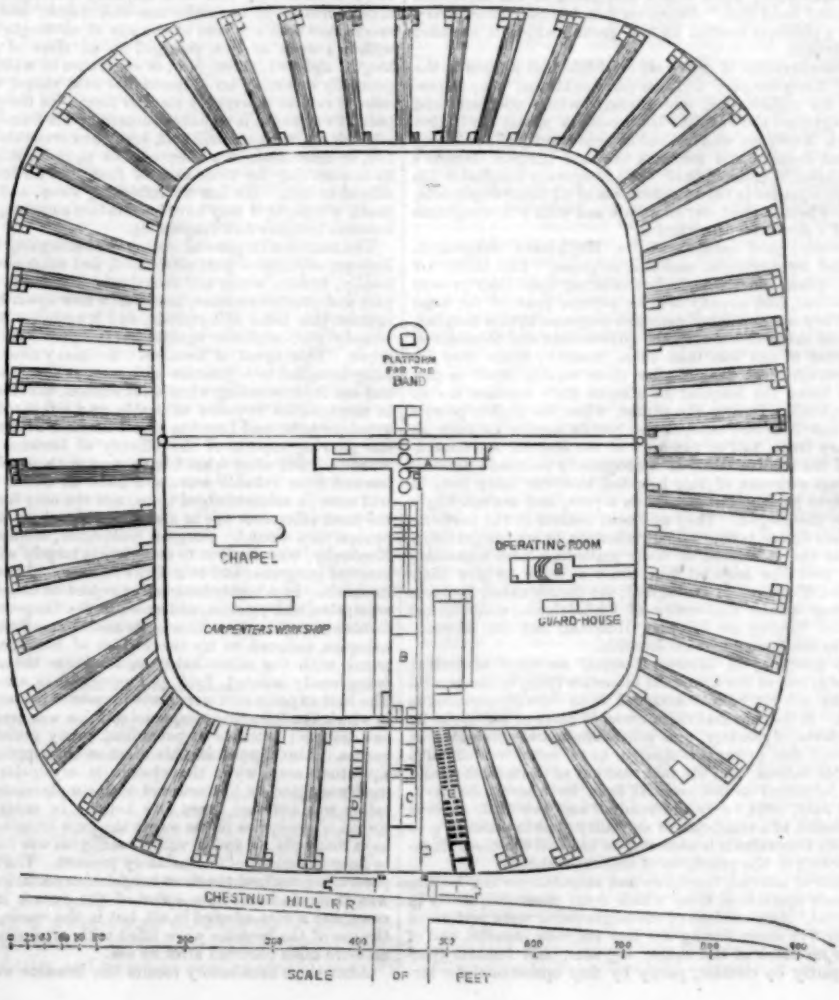
St. Thomas's-street, Sept. 13th, 1864.

MILITARY SURGERY OF THE NORTHERN AMERICAN ARMIES.

(FROM A CORRESPONDENT AT THE SEAT OF WAR.)

THE gigantic dimensions of the civil war, by which the American nation has been convulsed during the last four years, are apparent wherever we direct our attention. They have been adopted by the people of this country (I am speaking of the Northern States) as a necessity for good as well as for evil. If the fighting armies are larger hosts than have ever before been set in motion in modern warfare, if the number of slain and wounded is appalling, we find some consolation in the undeniable fact that the efforts to mitigate the horrors of the war and to relieve the sufferers are also made on a gigantic scale. Amongst these efforts the establishment of military hospitals occupies the first rank. Not only have within a short time numerous hospitals sprung up in different parts of the country to meet the requirements of the military service, but some of these structures surpass in magnitude any hospitals that have ever before been seen in this or any other country, while the greatest care is taken to provide their inmates with everything that may increase their comfort and accelerate their restoration to health. The largest military hospital in the United States is Mower General Hospital at Chestnut-hill, situated on an elevated plain, ten miles from the city of Philadelphia, in the centre of a beautiful panorama consisting of a variety of fine landscapes. It is called "General Hospital," because it is intended for the reception of sick and wounded soldiers irrespective of the regiments or corps to which they belong, in contradistinction to field and regimental hospitals. It contains 3400 beds for patients, and more than 400 beds for officers, stewards, cooks, &c., and is construsted of wood in a simple and pleasing style, the inside being lined with smooth planks, and the outside lathed and plastered.

I enclose a ground-plan, copied from a woodcut in Dr. Hammond's work on Hygiene, and from which you will see that



the building has the shape of a flattened ellipsis, and is composed of fifty pavilions, which project from a corridor towards the circumference. The corridor is sixteen feet wide, running in a concentric curve with the circumference, and, being furnished with seats and (in winter) with stoves, serves for a promenade and lounging place for such patients as are able to leave their beds. That side of the corridor which adjoins the open space within the building is almost entirely composed of glass set in sashes, thus adding to the light and airy aspect of the whole edifice. Every pavilion consists of a mess-room (next to the corridor), a ward, and a wash-room, bath-room, wardmaster's-room, and water-closet at the end of the ward. Every ward contains sixty-three beds, and is 150 feet long and 20 feet wide; its height is 14 feet to the eaves, and 19 to the ridges; the roof having a pitch of 5 feet. Three pavilions, C, D, E, are used as store-rooms and barracks for guard, band, nurses, &c.; the other forty-seven are filled with patients. A contains the principal offices and officers' quarters; B contains the kitchen and engine-room. The chapel, operating-room, and guard-house (for holding court-martials and imprisoning delinquents) are also marked on the plan. The arrangements for sewerage, ventilation, supply of water and lighting (with gas) are faultless in all parts of the building.

A shady grove adjoining the hospital contains a number of tents, with beds for 350 patients, and is at the same time a resort for convalescents; even on the hottest days a refreshing breeze rustles through the leaves of its stately trees, and plenty of swings and other sports afford sufficient pastime to those convalescents who are able and disposed to take part in this kind of amusement, while others may listen to the harmonies of an efficient band that "discourses sweet music" twice every day from a platform erected on the ground which is enclosed by the corridor.

The administration of this vast establishment centres in the hands of Army-surgeon Dr. Joseph Hopkinson, who superintended its organization, and through whose energetic and able management the hospital has become a model institution of its kind. Everyone who has had an opportunity of examining its different departments confirms the late Surgeon-General's (Dr. Hammond's) opinion, that "as a temporary hospital it has never been equalled in the completeness of all its arrangements, which have been carried out on a scale and with a thoroughness worthy of a permanent institution."

The medical staff consists of Dr. Hopkinson, surgeon in charge, and twenty-eight assistant-surgeons. The latter are civilians—young men who, before entering upon their present field of labour, had already been in private practice for some years. They are appointed assistant-surgeons to this hospital, by a special contract between the government and themselves, for a period of not less than three months; hence they are called contract-surgeons, and after three months must be prepared to leave the hospital as soon as their services are no longer required. During the winter, when the mighty powers January and February compel the hostile armies to keep an involuntary truce, half of the beds of the hospital are unoccupied, and the medical staff is consequently reduced; most of the contract-surgeons of this hospital, however, have been in their present position for more than a year, and are not likely soon to be discharged. They are most zealous in the performance of their duties, taking a lively scientific, as well as patriotic, interest in the treatment of their patients. Two consulting surgeons visit the hospital four times a week to give their counsel in difficult cases: Dr. Agnew, the distinguished Lecturer on Anatomy at the University of Philadelphia, and Clinical Teacher of Surgery at Blockley Hospital, and Dr. Morton, Surgeon to the Pennsylvanian Hospital.

Of the mortality in Mower Hospital an exact statement cannot be given, as the abundant materials lying in the general office have not yet been so arranged as to furnish serviceable statistics. It is true that the numerous cases of bad wounds, typhoid fever, dysentery, and other miasmatic diseases sent here during the present campaign have been treated with remarkable success; and the fact that out of thirteen thousand patients (admitted to this hospital from its opening, January, 1863, till July, 1864,) only one hundred and two died, conveys the impression of a small rate of mortality; but in order to give this fact its true value it is necessary to have all the cases classified according to the principles of medical statistics.

Ligations of arteries, resections and amputations are, besides many minor operations, those which occur most frequently in this hospital. Amputations of the larger limbs were performed in twenty-five cases during the last fourteen months, and of these amputations of the thigh, leg, arm, and forearm (performed partly by circular, partly by flap operations) six terminated fatally—a result which must be admitted to be a favourable one, when we consider that all the amputations were secondary, that the patients were debilitated either by their wounds or by a lengthened and laborious military service, and that an hospital ward, even under excellent management, does not offer the best chances for recovery after a dangerous operation.

Notwithstanding the great attention which is paid to ventilation and cleanliness in all the wards of this hospital, sloughing wounds have been of frequent occurrence during the hot weather of the last two months; and all these cases have, with few exceptions, presented the same characteristics, differing merely in the extent of the local mischief and the intensity of the accompanying constitutional disturbance. A wound with regular edges, healthy pus, and sound granulations assumes suddenly a very different aspect. The pus becomes greenish or greyish, viscid and fetid; the edges become inverted; the surface is covered with a dirty mass—a mixture of decayed tissue and putrid secretion. The sloughing process spreads more or less rapidly in the skin and subcutaneous cellular tissue; in many cases the latter is, throughout a smaller or greater district, destroyed first, after which the skin, being undermined and lying loosely over the parts beneath, becomes livid and melts away; in other cases destruction carries off skin and cellular tissue simultaneously. The superficial fascia is next involved and converted into slough, after which the cellular tissue between the muscles is invaded, and fetid pus issues from between the muscles; but the muscles themselves are only in a few cases attacked; in most cases they are spared and look as if they had been carefully dissected. The wound thus increases in circumference and depth, and it is by no means rare that a wound of the size of an English sixpence is, within a week or two, enlarged to an ulcer of six inches in length, and two, three, four, or six inches in width, the wound generally assuming an ellipsoidal or oval shape, while in some cases it retains a perfectly circular form. In the meantime the patient's strength is rapidly decreasing; his frame is wasted by a low fever, with a small, soft, easily compressible pulse of 120, 130, or more beats in a minute. His appetite is lost; he may have a craving for some kind of food, but he loathes it when offered to him. He has no refreshing sleep, and his temperament, whatever it may have been before sloughing commenced, becomes irritable and desponding.

The remedies in general use against sloughing have hitherto been persulphate of iron, nitric acid, and other corrosive agents locally, besides tonics and stimulants internally. During the past and present summer, however, a new agent has been tried against this bane of hospitals, and it promises to become the remedy *par excellence* against every species of hospital gangrene. This agent is bromine. So many new remedies are daily heralded into practice with a great flourish of trumpets, and are found wanting when most wanted, that some scepticism in therapeutics becomes advisable as a safeguard against disappointments; and I confess that I listened with some doubt to the glowing reports of the efficacy of bromine in sloughing wounds. But after what I have seen with my own eyes and learned from reliable sources, I have no doubt that bromine will soon be acknowledged to be, not the only local agent, but the most efficacious one to arrest the sloughing or gangrenous process in a wound. Surgeon Goldsmith, medical director of Kentucky, was the first to experiment largely with bromine in hospital gangrene, and to call the attention of the profession to its merits. In a highly interesting report on hospital gangrene, erysipelas, and pyæmia, addressed to the Surgeon General, Dr. Goldsmith relates how he was, by analogous effects of the other halogens, induced to try the virtues of bromine, which, compared with the other halogens, combines the advantages of being easily isolated, fluid and powerful in small quantities. The first experiments were made in cases of epidemic erysipelas, in which the following compound solution was used:—Bromine, one drachm; bromide of potassium, thirty grains; water, ten ounces. Lint dipped in this solution was applied to the erysipelatous area, while the eyelids, in erysipelas of the face, were protected by lint smeared with simple cerate. The application was renewed every four hours. In order to arrest the spread of erysipelas in the wards the pure bromine was exposed in as many places, and in such quantity, as was found necessary to keep the odour of it constantly present. The results of this proceeding realized the most sanguine expectations. Not only was there an immediate arrest of the disease in most of the cases, and a cure effected in all, but in the wards, which before the use of the bromine were filled with erysipelatous patients, no more cases occurred after its use.

After these satisfactory results the bromine was held ready

for use in hospital gangrene, and at once applied when this terrible disease made its appearance; and after a patient investigation and lengthened experience, Dr. Goldsmith was enabled to lay down the following rules for its application:—

1st. If the gangrenous sore is large, or the patient intolerant of pain, chloroform or ether should be administered.

2nd. The surgeon should be provided with bason, sponges, dry lint, blotting paper (if at hand), a stout rubber or a glass urethral syringe, a small measuring glass, some pure bromine, a pair of forceps, probe, scissors, and a spatula, or the handle of a scalpel.

3rd. The patient being prepared, the surgeon should, with forceps and scissors, remove all the sloughs so far that some bleeding points are exposed. The bleeding having ceased, or having been arrested by the touch of the bromine, he next scrapes away the fluid putrilage, or purulent fluid, bathing the surface of the sore. He now turns up the edges of the skin, and with the handle of the scalpel removes all the pultaceous matter underlying the skin. The flocculent pulps adherent to the surfaces underneath are now removed with the scissors and forceps. The same proceedings are practised in the cellular planes between the muscles. The surfaces are now to be dried, first with lint or tow, and finally with blotting-paper or any dried paper pulp. The bromine is now poured into the glass measure partly filled with water. The syringe, or a pipette, is next thrust through the water into the layer of bromine, and this is drawn up into the syringe or pipette. With this instrument the bromine is applied, first to the cavities between the muscles, next under the skin, and then to the exposed surfaces of the sore.

The same method of applying bromine has been adopted in Mower Hospital, care being taken that healthy parts of the skin should not be touched by this powerful agent, and wherever it has been carried out without flinching the results have invariably been most satisfactory. The surgeons of this hospital are in the habit of placing a linseed poultice over the whole wound after the application of the bromine. After twenty-four hours some healthy granulation is visible between the masses of pulpy or hardened slough, and after another day the wound is perfectly clean, healthy granulation springing up in all its parts, and the healing process has fairly commenced. The patient's general health is at the same time improved, as rapidly as if the wand of the magician instead of the hand of the physician had wrought the happy change: refreshing sleep, vigorous appetite, and high spirits return, and the anæmic, emaciated frame is fast filling with blood and muscle. This picture is by no means overdrawn, and in confirmation of it I could quote numerous reports of cases, but I will content myself with citing the very temperate conclusion at which Professor Post, of New York, arrived after an inspection of the general hospitals of the army. Towards the end of his special report on Bromine to the committee of the Sanitary Commission the Professor says: "I am not prepared to say with absolute confidence that bromine will more promptly, more safely, and more certainly arrest the progress of hospital gangrene than any other remedy. But I do express the confident opinion that it is an agent of great power, and if I were suffering myself from hospital gangrene, my present impression of the virtues of bromine is such, that I would prefer the employment of bromine to that of any other application with which I am acquainted." These words will receive the consent of all surgeons who have had sufficient opportunity to observe the effects of this beneficial agent in hospital gangrene, and all will agree that the introduction of bromine into the wards of army hospitals will prove a most valuable addition to the resources of military surgery.

Mower General Hospital, Philadelphia, Sept. 1864.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

THE debate at the Academy of Medicine on malignant pustule has made considerable progress since my last communication, still maintaining itself on the ground of the specificity of diseases, to which, as I mentioned, it had been transported by M. Bouillaud. It would therefore be more correct to call it the debate on the specificity of diseases. The learned professor of the Charité, in giving a wider stretch to the discussion, and recalling to the minds of the associates that malignant pustule is a specific disease, and must take rise in a specific cause, like all other diseases of the same class, incidentally made an attack on M. Bouley, who in a former debate had warmly affirmed the spontaneous nature of glanders. This gentleman rose to reply to the attack. He would not retract his former opinion. "The glanders," he maintained, "is a result of over-fatigue, of ill treatment, of the aggregation of too many animals in a confined place. The glanders is to horses what typhus is to man. It can be engendered, like typhus, by enforced marches and overcrowding. Is typhus contagious, or is it not? And yet where is its specific cause if not in aggregation? It takes birth spontaneously, and then becomes contagious; and so does glanders. Is there anything surprising that specific diseases can be derived from causes other than those of a specific nature? May not certain hygienic agents modify the different humours of the body in such a way as to give them new and perhaps noxious properties? There are physiological experiments and pathological facts which seem to favour this hypothesis. Why, then, should it astonish M. Bouillaud? The true cause of the dissidence which exists between M. Bouillaud and myself, or rather between physicians and veterinary surgeons, may perhaps be found in the fact that our field of observation is not the same. It may be that in man the spontaneous generation of specific diseases is much less frequent than in the lower animals. But if we consider these latter, we have numerous examples of such generation: in sheep, for instance. The number of diseases of the blood with which sheep are so often affected are attributable in great measure to the influence of the heat, of the dryness or humidity of the soil, and the effluvia which arise from it. We see sheep placed under such conditions pass from a flourishing state of health to mortal disease. They succumb in less than five minutes, and when the dead bodies are opened it is found that they have fallen under a virulent or specific disease, which evidently arose spontaneously." The glanders, he averred, was, in like manner, of spontaneous origin. That disease appears mostly in the hot season, and makes its most terrible ravages amongst horses fatigued, overburdened, and harassed by heat and flies. Thus the glanders can be artificially produced any day by submitting horses to the fatal influences of bad or insufficient food and excessive work. Again, if pus be injected into the blood of a horse, it may become infected with the glanders. M. Bouley had observed one such case. In another the glanders made its appearance after tenotomy which was followed by suppuration. Malignant peripneumonia, the scab, &c., take birth individually, although eminently contagious. Typhus, also, a disease at once contagious and specific, may, according to general belief, be engendered by misery, privation, fatigue, and depressing moral influences. As to malignant pustule in particular, M. Bouley, who had heretofore believed that it was always created by direct inoculation, and was of carbunculous nature, would not now commit himself to a positive expression of opinion. He thought it was necessary to pursue fresh investigations. He saw no danger in admitting the new doctrine with regard to prophylactic treatment and public hygiene, as common prudence would incite the medical practitioner to act with energy on the first appearance of malignant pustule, and have recourse to cauterization.

Such is a short summary of M. Bouley's able discourse, to which his consummate experience as a veterinary surgeon and professor at Alfort gave great authority. It was full of valuable information on the different diseases of animals, and, *inter parenthèses*, it showed once more that, notwithstanding the disdain with which some people here affect to view the presence of veterinary surgeons in the Academy of Medicine, they prove themselves most valuable members whenever the study of comparative medicine (so greatly neglected in this country) can throw light upon a subject. Amongst many good things which M. Bouley mentioned, I noticed the remark, that he had never seen a horse belonging to the gas company of Paris become affected with glanders; nor during the different epidemics of cholera which had successively desolated the capital did a single workman fall ill. Such a discourse could not fail to produce some effect; and, in fact, as M. Bouley was about concluding, M. Bouillaud rose and expressed himself in terms which showed that he had somewhat modified the confident opinions he had announced at the preceding meeting on the specific causes of specific diseases. The next meeting was one of conciliation and mutual concession. M. Bouillaud and M. Guérin, on the one hand, admitted that the glanders may arise spontaneously, in the absence of direct inoculation. They admitted that external and general causes, such as humidity, bad food, &c., can produce a specific affection which may then be transmitted by contagion; thus typhus and the glanders. But, still sticking to the necessity of a specific cause in those dis-

cases, they declared that, even admitting the influence of such conditions, the specific cause still existed. The specificity was no longer external but internal, and engendered by the general causes I have mentioned. M. Bouley, on the other hand, would not contest the existence of a specific agent which would act as an internal cause, and which, once created by external malarious conditions, will in turn produce the disease, or at least whatever may be specific in the disease or render it contagious. Such would seem to be till now the only practical conclusion of the debate; though the advantage to be derived from such subtle reasonings and semi-concessions is of doubtful extent. I must, however, mention two discourses which have been made: the first by M. Mayne, another veterinary academician, which contained some new views on the subject; the second, a very eccentric one, by M. Briquet, formerly one of the physicians of the Charité. M. Mayne methodically treated these three questions:—1. What are the causes which produce contagious diseases? 2. Can ordinary general causes alone create contagious diseases, or is it necessary that their influence be favoured by a particular predisposition? 3. In what way do they act? Do they produce disease directly, or do they create a virus which becomes the immediate source of disease? With M. Mayne the causes of specific diseases, such as the plague, yellow fever, cholera, contagious typhus of horned animals, charbon, and glanders, are not general causes, but special. As to the first four there can be but little doubt: they rage with intensity, but in limited regions; the first in Africa, the second in the East Indies, the third in a part of America, the fourth in the south-east of Europe. With regard to carbuncular affections (*affections charbonneuses*), they depend on special causes belonging to certain localities. They appear exceptionally in countries which rest on a soil of primary or transitory formation; they appear endemically on soils of posterior formation; and the difference thus signalised depends rather on the chemical composition of the soil than on its antiquity. As a proof of this influence we have but to examine the changes which are produced by agriculture. It is enough that a soil be transformed to create numerous carbuncular diseases where they were very seldom observed before. As to the glanders, the principal causes are three in number: overfatigue, insufficient food, and bad food, or rather food which by its chemical composition does not meet the wants of the horse, such as barley or rye given for oats, or the leaves of leguminous plants for hay. These three causes of glanders may, however, be reduced to one—namely, a disproportion between the activity of the respiratory phenomena and the quantity of combustible principles contained in the food. With regard to the second question, M. Mayne does not believe, as M. Guérin does, that a constitutional permanent predisposition, such as that which brings on consumption, is necessary for the production of any of those specific diseases. A simple accidental, temporary predisposition, such as that which results from a bleeding or abundant suppuration, or a strong pain, or a fit of indigestion, or a change of climate, is quite sufficient. As to the third question, the orator, with great wisdom and modesty, declined giving any absolute opinion on the matter. He thought that our knowledge of the immediate germs of virulent diseases is at present too limited to allow us to come to any positive conclusion on the subject. It would be impossible for me to give any regular outline of M. Briquet's speech. That gentleman entered into a lengthy description of all sorts of diseases, which may be communicated or not. Of those which may be communicated he admitted two classes: in the one, communication takes place by infection; in the other, by contagion. Under the latter head M. Briquet introduced thirty-three different diseases, amongst which were erysipelas, bronchitis, &c. But the most curious part of his address was that in which he declared that syphilis has come to man directly from the lower animals. The Italians and the Americans, he said, had been strongly addicted to beastiality, and principally with goats. And he mentioned the statement of the whole army of Charles VIII. being infected in Italy by these animals. He wound up by saying he did not believe that contagious diseases had ever been produced by atmospheric cataclysms, but that they had been sent to us by Providence as a slight punishment for our intemperance. MM. Ricord and Malgaigne then protested in vindication of good sense and historic truth. The former declared that syphilis does not exist in any of the brute species, and referred to the numerous attempts which had been made to inoculate the disease on animals—experiments invariably attended by negative results.

I have thus brought the discussion up to the present date. The question will probably die out at the next meeting.

Paris, September 10th, 1864.

MEDICAL TRIALS.

CENTRAL CRIMINAL COURT.

(*Before* Mr. Baron PIGOTT.)

SEPT. 21ST.

MISDEMEANOUR.

Mr. HENRY WILKINS, a surgeon, residing at Ealing, surrendered to take his trial upon a charge of misdemeanour, for having undertaken the charge of a lunatic patient for profit, his establishment not being duly licensed for the reception of such patients.

It will be remembered that on the morning of the 6th of August, a young lady named Eliza Mitton was found in the Edgware-road by a police-constable, who put some questions to her, the result of which appeared to be that he considered she was unable to take care of herself, and he conveyed her to the Marylebone Workhouse, where she was seen by Mr. Fuller, the resident medical officer, and Dr. Randall, the physician of the establishment. They both came to the conclusion that the young lady was of unsound mind, and she was placed in the ward appropriated for the reception of such persons. On the same day the defendant claimed her as his patient, and it turned out that the young lady had been placed in his charge by her father, and that he received an allowance of £180 a year for taking care of her; and he took her away with him.

Mr. Giffard and Mr. Poland conducted the prosecution, on behalf of the Commissioners of Lunacy; and Mr. Metcalfe appeared for the defendant.

The defence was, that at the time the patient was sent to the defendant she was not insane, but merely excitable and nervous, and required change of air and attention.

Mr. Baron Pigott described the Act under which the proceedings were taken as a most sensible and humane Act, and one much called for. In his directions to the jury, he said that it was shown that the house of Mr. Wilkins did not answer any of the conditions therein laid down, neither had Mr. Wilkins received any order or certificate from a duly-qualified medical practitioner, nor had he of course complied with the Act, which requires that he should send to the Secretary of State a copy of such certificate. With respect to the fact of the patient not being of unsound mind at the time of her reception by the defendant, if that view were taken by the jury, the case would, nevertheless, come within its provisions if it appeared that she subsequently became so, and was retained by the defendant for his emolument.

The jury, after a brief consultation, returned a general verdict of Guilty, and the defendant was ordered to be bound in his own recognizance in £200 to appear on the first day of next term to receive judgment.

SEPTEMBER 22ND.

(*Before* Mr. Baron PIGOTT.)

TRIAL OF A SURGEON FOR ALLEGED MANSLAUGHTER.

Samuel Day Goss, surgeon, surrendered to take his trial for the manslaughter of Elizabeth Brazier. It appeared from the evidence that he had been first engaged on Wednesday, the 17th ult., to attend the deceased in her confinement, and paid several visits up to Saturday night, when he was again called in and immediately attended; but on his arrival was met with reproaches by the husband and by the mother of the patient for not effecting the delivery. He then left under some degree of irritation at the treatment he had received. The husband of the patient then sent for Mr. Llewellyn, a neighbouring surgeon, who attended, and on finding the case was likely to be a difficult one, procured the assistance of Dr. Gervis, and the birth took place about eleven o'clock. These gentlemen deposed, that although they thought that the delivery might have been effected two hours earlier, they could not say that delay had caused death. This occurred on the 12th inst., and was caused by a inflammation having set in.

At this point the learned Judge pointed out the fact that the evidence was insufficient to connect Mr. Goss's treatment with the death of the deceased, and the jury immediately returned a verdict of Not Guilty.

Several medical gentlemen, as well as patients of the defendant, were in court to give evidence as to his medical skill and to his attention, but they were not called upon to do so.

MARLBOROUGH-STREET.

THE MEDICAL ACT.

Mr. Francis Bearnard, surgeon-chiropodist to the Royal Family, of No. 59, Regent street, again appeared before Mr. Tyrwhitt, to answer a summons for using the word "surgeon" on his door-plate, thereby implying that he was registered under the last Act of Parliament, known as the New Medical Act.

Mr. Wm. Talley, of Beaconsfield, Bucks, representing the Medical Council of Education and Registration, appeared in support of the summons; and Mr. Lewis, jun., of Ely-place, for Mr. Bearnard.

The particulars of the case have already appeared. It may be remembered that it was stated by Mr. Talley, and admitted by Mr. Lewis, jun., that Mr. Bearnard had on his door-plate the words, "surgeon-chiropodist." Mr. Tyrwhitt adjourned the case till Thursday last, that he might consider it before giving a decision.

Mr. Tyrwhitt said: I have considered this case, and it appears to me that "surgeon," though prefixed to "chiropodist," cannot be treated as mere surplusage, but must have a meaning, and was intended to have one. That meaning must be measured, not by the narrow sense in which knowing Londoners, experienced in vain pretension and in the steps of medical rank, might take it, but by the general acceptation which the great body of mankind passing the defendant's door-plate would ascribe to the words used thereon. I think, on the whole, that these words would convey to them that a surgeon, duly qualified and registered as such, practised at the house in question as a chiropodist. Taken to be such a surgeon, he would command more confidence with those who sought his aid as a chiropodist, and not only that, but he might naturally be consulted by them in surgical matters beyond the mere treatment of corns. We must allow something for that craving after small titles which is so widely spread at present, brought, it may be, by German steamers. The corn-cutter is restless till he writes himself chiropodist, and next, from fear of so much Greek not being understood, dubs himself surgeon at all hazards. On the whole, if the defendant will remove from his door-plate and cards the word "surgeon," I might consider as to mitigating the penalty, which is £20, and in that hope would adjourn my decision for a week; but if he now requests me to grant a case for the opinion of a superior court I will do so. In that event it will be needless to adjourn the case, and I fine him £20.

Mr. Lewis observed that since the last occasion of the case coming before the court, Mr. Bearnard had been to the Medical Council, and the secretary had informed him that they were not initiating the complaint at all.

Mr. Talley said he would satisfy any proper person on that subject.

Mr. Tyrwhitt said he had nothing to do with the Medical Council.

Mr. Talley said he could not discharge his duty towards the profession, which he had the honour to represent, without thanking his Worship for his serious attention to this important subject, in which the public, as well as the medical profession, were becoming seriously affected; and he thought that his friend, Mr. Lewis, who had so ably defended his client, would now have less difficulty in explaining the "meaning" of the Act of Parliament under which these proceedings were instituted (laughter).

Mr. Lewis remarked that if Mr. Bearnard took a case to a superior court, he had a right to know whether Mr. Talley was a responsible person. Mr. Bearnard had been called upon by several medical gentlemen, who had expressed their distaste at the proceedings.

After some conversation between Mr. Lewis and Mr. Bearnard, the former gentleman stated that, with all deference to Mr. Tyrwhitt's judgment, his client would take a case, and requested to know if his Worship would accept Mr. Bearnard's undertaking on his own recognisance.

Mr. Talley said, after what had fallen from Mr. Lewis, he could not assent, and especially in this case, inasmuch as he was instructed that the defendant's name was not "Bearnard," and that he was a stranger to him.

Mr. Tyrwhitt said that he should require one surety for £50; when Mr. Lewis applied for time to make the necessary tender, which was granted.

Mr. Talley said he was instructed to apply for summonses against other persons for similar infringements of the Medical Act, which were granted.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the preliminary examination in General Knowledge at the last meeting of the Board, and will be allowed to enter on their professional studies in October next:—

Allwood, J. P.	Greaves, Edward.	Morris, John.
Anderson, R. B.	Griffiths, A. V.	Naughtin, Wm.
Barker, J. C.	Haward, David.	Nicholl's, H. H. J.
Bedford, C. J.	Hay, Frederick.	Norton, G. E.
Bellingham, Joseph.	Hughes, J. R.	Owen, A. J.
Besby, F. B.	Hutchinson, J. W.	Pidwell, Samuel.
Broom, H. J.	Jackson, G. H.	Ravenhill, T. H.
Butler, Wm.	Jacobs, H. R.	Robertson, Edward.
Cane, Leonard.	Jee, F. C.	Rose, Wm.
Chapman, C. W.	Jones, J. T.	Rudge, C. K.
Chestwood, Wm.	Lawton, Joseph.	Sanders, Edwin.
Collier, J. L.	Lazenby, J. R.	Saunders, C. B. E.
Cooper, W. G.	Leapingwell, W. T. G.	Savage, R. W.
Crompton, Harold.	Lee, A. R.	Scobell, Henry.
Davies, Wm.	Lewin, Friend.	Thompson, Philip.
Deane, John.	Little, Wm.	Trevor, S. L.
Deshon, F. P.	Littlejohn, S. G.	Walker, A. T.
Duke, Joshua.	Lucas, St. J. W.	Walker, W. N.
Edwards, Branford.	M'Connell, F.	Wall, A. J.
Ellis, H. V.	M'Gill, A. F.	Wellings, R. W.
Fairbank, R. S.	Manby, A. R.	Wharton, Joseph.
Gabe, Joseph.	Meredith, J. B.	Willcox, R. L.
Giles, John.	Meredith, W. H.	Willis, Julian.
Grant, Wm.	Mills, W. H.	Wood, Arthur.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 8th inst.:—

Hayward, John William, Sessalter, Canterbury.
Langworthy, George Vincent, Modbury, Devon.

On the 15th inst.:—

Bennett, Francis Graham, Brighton.
Grace, Alfred, Downend, near Bristol.
Sheldon, Edwin Mason, Liverpool.
Shuttleworth, George Edward, Russell-place, W.
Vipan, William Henry, Ely, Cambs.
Witherby, William Henry, Coombe, Croydon.

The following gentlemen also on the same day passed their first examination:—

Edmonds, Charles George, St. Thomas's Hospital.
Wilton, Francis, St. Bartholomew's Hospital.

At the recent examination for prizes in Botany, annually given by the Society of Apothecaries, the successful candidates were: (1) Robert Shingleton Smith, King's College—a gold medal; (2) George Rolph Raine, Guy's Hospital—a silver medal and a book.

The examination for prizes in Materia Medica and Pharmaceutical Chemistry will take place on Wednesday and Friday, the 19th and 21st of October.

THE GOVERNMENT COMMISSION ON THE NATURE AND TREATMENT OF SYPHILITIC DISEASE.—The Commission which Lord Clarence Paget announced it to be the intention of the Government to appoint to inquire into the nature and treatment of syphilitic disease is, we believe, likely to commence its inquiry at no distant period. It is stated that Mr. Skey will probably be the President of the Commission.

MRS. W. B. PARKES, née Miss Amy Sedgwick, the widow of the late Dr. W. Parkes, has, since the death of her husband, been suffering from ill-health, aggravated, we understand, by litigation arising out of her late husband's partnership. She has been advised by her medical attendant to take a tour on the continent to recruit her health.

MEDICAL APPOINTMENTS.

T. L. B. BARWIS, M.R.C.S.E., Medical Officer for the Melton-Mowbray No. 1 and the Asfordby Districts of the Melton-Mowbray Union, Leicestershire, has been appointed also Public Vaccinator for the same Districts, vice R. Whitchurch, M.D., resigned.

J. FALL, M.R.C.S.E., has been appointed Medical Officer for the Aine District of the Easingwold Union, Yorkshire, vice G. Bird, L.S.A., deceased.

J. H. GORNALL, M.R.C.S., has been appointed Junior House-Surgeon to the Dispensary, Preston, vice A. J. Mathew, deceased.

J. HOLDEN, M.R.C.S., has been appointed Senior House-Surgeon to the Dispensary, Preston, vice L. Fisher, M.D., resigned.

W. JONES, M.D., has been elected Medical Officer and Public Vaccinator for the Allonby District of the Wigton Union, Cumberland, vice G. Elliot, M.R.C.S.E., deceased.

T. LEEDS, M.R.C.S.E., has been appointed Physicians' Assistant to the Manchester Royal Infirmary and Dispensary, vice Walker, appointed Junior House-Surgeon.

R. P. LISLE, M.D., has been appointed Medical Officer for the Cardiff East District of the Cardiff Union, vice H. J. Paine, M.D., resigned.

W. MAITLAND, M.R.C.S.E., has been appointed one of the Surgeons to the Blackburn Infirmary.

R. T. PEARSE, L.R.C.P.Ed., has been appointed Medical Officer for the Llandaff District and the Workhouse and Industrial Schools of the Cardiff Union.

J. ROBINSON, M.B., has been appointed Medical Officer for the Workhouse of the Runcorn Union, Cheshire, vice W. Carruthers, M.R.C.S.E., resigned.

T. S. SMITH, M.B., has been appointed Senior House-Surgeon to the Manchester Royal Infirmary and Dispensary, vice W. O. Jones, M.R.C.S.E., whose term of office has expired.

G. E. WALKER, M.R.C.S.E., has been appointed Junior House-Surgeon to the Manchester Royal Infirmary and Dispensary, vice Smith, M.B., appointed Senior House-Surgeon.

A. M. WATSON, M.D., has been appointed House-Surgeon to the Peterborough Dispensary and Infirmary.

W. H. WATTS, M.R.C.S.E., has been appointed a Resident House-Surgeon to the General Lying-in Hospital, York-road, Lambeth.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

W. ADAMS has been appointed Acting Assist.-Surg. Army.

E. G. BALFOUR, Deputy Inspector-General of Hospitals Madras Service, from ceded Districts, has been appointed to act in the Mysore Division during Dr. Mackenzie's absence on other duty, or until further orders.

R. COCKBURN, M.R.C.S.E., Surgeon Bengal Service, has been appointed Civil Surgeon of Benares.

W. CRAWFORD, L.R.C.S.Ed., Surg. R.N. May 10th, 1856, has been appointed Surg.-Superintendent to the "Porchester" Convict Ship.

H. C. CUNCLIFFE, F.R.C.S.E., Civil Assist.-Surgeon Bengal Service, has been ordered to assume medical charge of the Depôt and Families of the 2nd Gorkha Regiment, vice Civil Surg. J. A. C. Hutchinson, M.D.; he has also been appointed to the medical charge of the sick of the Right Wing of the 3rd Gorkha Regiment at Dehra.

W. H. DAVIDSON, M.D., Staff Assist.-Surg. Army, has been promoted to Staff Surgeon, vice Surg.-Major H. J. Schooles, retired upon half-pay.

W. F. DAVIS, M.B., Assist.-Surg. Madras Service, has been appointed Zillah Surgeon of Coimbatore.

W. P. DICKSON has been appointed to officiate as Civil Surgeon of Rhotuk during the absence of Assist.-Surg. Woolhouse.

J. DORWARD, Deputy Inspector-General of Hospitals Madras Service (on leave to Europe), has been posted from the Nagpore Force to the Presidency Division.

G. F. A. DREW, M.R.C.S.E., Surgeon R.N. Sept. 29th, 1855, has been appointed to the "Achilles."

G. DUNCAN, M.D., Surg. R.N. Sept. 29th, 1855, has been appointed to the "Esk."

B. B. FORD, M.R.C.S.E., has been appointed to officiate as Medical Officer of Rungpore, Bengal.

T. GIBBON, M.R.C.S.E., has been appointed Assist.-Surg. to the 2nd Durham Artillery Volunteer Corps.

W. HARDIN, M.R.C.S.E., has been appointed Assist.-Surg. to the 3rd Hampshire Artillery Volunteer Corps, vice Cousins, promoted.

J. R. HUGHES, M.D., has been appointed Hon. Assist.-Surg. to the 3rd Denbighshire Rifle Volunteer Corps, vice Jones, resigned.

J. M. JACKSON, Surg.-Major Madras Service, Garrison Surgeon of Bellary, has been appointed Deputy Inspector-General of Hospitals, with temporary rank, during the employment on other duty of Deputy Inspector-General W. Mackenzie, C.B., A.M., M.D.

G. T. JONES, L.R.C.P.Ed., has been appointed Surgeon to the 1st Administrative Batt. of Denbighshire Rifle Volunteers.

L. LUCAS, Assist.-Surgeon R.N. Sept. 22nd, 1857, has been appointed to the "Royal Adelaide" (additional).

A. D. KEITH, M.B., has been appointed Hon. Assist.-Surg. to the 21st Aberdeenshire Rifle Volunteer Corps.

D. MACQUEEN, M.D., Staff Surg. Army, has been appointed Surg. to the 44th Foot, vice Mee, appointed to the Royal Artillery.

R. J. M'MORRIS, M.R.C.S.E., Assist.-Surg. R.N. Nov. 11th, 1859, has been appointed to the "St. Vincent."

H. MAPLETON, M.D., Deputy Inspector-General of Hospitals Army, has been appointed to the honorary rank of Inspector-General of Hospitals on retiring upon half-pay.

H. R. D. MARRETT, M.R.C.S.E., Surg., has been appointed to do duty with the 21st Madras Native Infantry.

J. MEE, L.R.C.S.I., Surg. from the 44th Foot, has been appointed Surgeon in the Royal Artillery.

O. B. MILLER, L.R.C.S.I., Assist.-Surg. from the 11th Hussars, has been appointed Staff Surg., vice Macqueen, M.D., appointed to the 44th Foot.

W. H. MUSCHAMP, M.R.C.S.E., Staff Assist.-Surg., has been appointed Assist.-Surg. to the 11th Hussars, vice Miller, promoted on the Staff.

J. NAISMITH, M.D., Surg.-Major 107th Foot at Bengal, has been appointed to take charge of the office of Deputy Inspector-General of Hospitals, Oude Circle, during the absence on leave of Dr. G. S. Cardew, or until further orders.

G. S. W. OGG, M.B., Assist.-Surg. Madras Service, has been appointed Medical Officer at Ootacamund, vice Rogers, promoted.

R. H. OSWALD, M.D., Surgeon, has been appointed to the 8th Madras Native Infantry.

W. PEACH, M.D., Assist.-Surg. Bombay Service, has been promoted to Surg.

G. R. PICKERSGILL, M.D., Assist.-Surg. R.N. Aug. 4th, 1862, has been appointed to the "Achilles."

P. QUINLAN, Assist.-Surgeon from the 90th Foot, has been appointed Staff Assist.-Surg., vice J. F. Deakin, M.D., placed upon half-pay.

C. J. ROGERS, Surgeon, has been appointed to do duty with the 2nd Madras Native Infantry.

H. M'E. ROSS, M.D., Assist.-Surg. Madras Service, Acting Physician to his Highness the Rajah of Travancore, has been appointed Physician to his Highness, vice Surg. E. J. Waring, vacated.

H. J. SCHOOLES, M.D., Staff Surgeon-Major Army, has been promoted to the honorary rank of Deputy Inspector-General of Hospitals on retiring upon half-pay.

G. SMITH, M.D., Surg. Madras Service, has been promoted to Surg.-Major.

E. TOUCH, M.D., Surgeon, transferred from the 40th Foot at Bengal to the Staff, has been ordered to take charge of the Depôt at Chinsurah, vice Montgomery, appointed to the 40th Foot.

E. B. TYSON, M.R.C.S.E., Surgeon 16th Foot, having completed twenty years' full-pay service, has been promoted to Surg.-Major under the provisions of the Royal Warrant of Oct. 1st, 1858.

J. WHITE, M.D., Surg. 8th Bengal Cavalry, has been appointed to the medical charge of the 107th Foot at Bengal.

G. E. WHITTON, M.B., Assist.-Surg. Madras Service, Acting Residency Surg. of Travancore, has been appointed Residency Surgeon, vice Ross.

H. WILSON, M.D., Assist.-Surg. Bombay Service, has been promoted to Surg.

T. WRIGHT, M.R.C.S.E., Assist.-Surgeon 38th Foot at Bengal, has been appointed to the medical charge of the P Battery 11th Brigade and No. 1 Battery 25th Brigade Royal Artillery, in addition to his other duties, during the absence on leave of Assist.-Surg. A. P. M. Corbett, M.D., or until further orders.

Births, Marriages, and Deaths.

BIRTHS.

On the 12th ult., at Cawnpore, E.I., the wife of Dr. Paterson, Royal Artillery, of a son, still-born.

On the 7th inst., the wife of W. L. Gilliland, M.D., of Hereford, of a daughter.

On the 8th inst., at Hutton Hall, Penrith, Cumberland, the wife of M. W. Taylor, M.D., of a daughter.

On the 12th inst., at Burwash, Sussex, the wife of J. W. Combs, M.R.C.S.E., of a son.

On the 12th inst., at Mount-street, Grosvenor-square, the wife of E. G. Houghton, M.D., of a son.

On the 12th inst., at Hertford, the wife of G. Elin, M.D., of a son.

On the 13th inst., at Ivy Villa, Southminster, Essex, the wife of Thos. Carter Wigg, M.R.C.S.E., of a daughter.

On the 13th inst., at York-road, Lambeth, the wife of F. Blackman, M.R.C.S. Eng. of a daughter.

On the 13th inst., at Forres-street, Edinburgh, the wife of Dr. Currie, C.B., Deputy Inspector-General of Hospitals, of a son.

On the 14th inst., at Eton, Bucks, the wife of J. Smith, M.D., of a daughter.

On the 15th inst., at Temple-street, Birmingham, the wife of C. Warden, M.D., of a daughter.

On the 16th inst., at Central-street, E.C., the wife of G. E. Yarrow, M.R.C.S.E., of a daughter.

On the 16th inst., at Salisbury, the wife of J. M. Cardell, F.R.C.S.E., of a daughter.

MARRIAGES.

On the 8th inst., at St. James's, Dover, Henry Mortlock Fernie, Surgeon, of Macclesfield, to Edith, only daughter of the late Thomas Lewis, Esq., of Dover.—No Cards.

On the 8th inst., at Bromsberrow Church, Gloucestershire, Robert Tanner, M.D., eldest son of Dr. Tanner, of Gloucester House, Ledbury, to Harriette Emily, only daughter of the late Richard Higgins, Esq., of Eastnor.—No Cards.

On the 13th inst., at Howden Parish Church, T. Murgatroyd, M.R.C.S.E., of Shipley, to Miss Esther Louisa Bickerton, of Howden.—No Cards.

On the 14th inst., at St. George's, Brandon-hill, Bristol, Augustus Talbot, M.R.C.S., of Bristol, to Jessie, daughter of the late David R. Ross, Esq., of Rosstrevor, Co. Down, Ireland, formerly M.P. for Belfast, and granddaughter of the late Hon. and Right Rev. Edward Knox, Bishop of Limerick.

On the 20th inst., at Trinity Church, Bath, Thomas Burnie, Surgeon, of St. James's-street, Nottingham, to Emma Tooke, third daughter of John Wright, Esq., of Gay-street, Bath.—No Cards.

DEATHS.

On the 30th ult., Edmund Astle, Surgeon, of Newcastle-under-Lyme.

On the 5th inst., at Milton-terrace, Chatham, Athur D. Jardine, M.R.C.S.E., aged 34.

On the 6th inst., W. Duke, M.D., of St. Leonard's-on-Sea, aged 58.

On the 9th inst., Emma, the wife of Edward Lynes, M.D., of Coventry, aged 23.

On the 9th inst., at St. Germain, near Paris, G. R. W. Wood, M.D., late of East Sheen, aged 58.

On the 12th inst., at Burnham, Somersetshire, F. R. Chadwick, M.R.C.S.E., aged 51.

On the 13th inst., R. G. Freeman, M.D., of Greenwich, aged 23.

To Correspondents.

H. L., (Banbury.)—The choice of a school must be made by the guardians of the lad. We cannot give any advice on the subject. Our correspondent appears, however, to attach undue importance to circumstances which are really of no great moment. There are differences at the various institutions which are worthy of consideration; but amongst these the mere money value of prizes should hardly enter. It is far more important that "H. L." or his friends should ascertain that the officers are regular in their attendance; that the hospital duties are well performed; the clinical instruction practical and sufficient; the dissecting-room superintended by efficient demonstrators, who attend during the whole time of dissections, and really labour with the students, and direct their work. The tone of a school varies at different times; but it is rare now-a-days that any young man, however quiet in his habits and cultivated in his tastes, will find anything to make him feel out of place. "H. L." had better examine for himself, and see how far the promises are borne out by his own observations and by what he gathers from persons of experience. The introductory lectures begin on the 1st of October; the serious business of the session not till the Monday or Tuesday following.

MERCURIAL BATHS.

To the Editor of THE LANCET.

SIR,—There is a letter from Mr. Langston Parker in your number for August 20th, 1864, respecting the treatment of syphilis by the mercurial vapour-bath. Will Mr. Parker be so kind as to state the form of using the bath, the quantity of mercurial preparations which is required for each bath, and the proper way of applying it. I have a case that I am most anxious to try it on.

Yours respectfully,

Nottingham, Sept. 1864. A FOREIGN LICENTIATE.

Felix.—Phenic acid has been strongly recommended as a local caustic in cases of venomous bites and punctures in connexion with dead bodies and carcases. The immediate application of turpentine to the wound may be temporarily had recourse to until other measures are determined upon.

Enquirer.—He can attend the lectures at different times, provided his attendance includes all the courses in the curriculum.

A Constant Reader of THE LANCET.—Circumstances have temporarily prevented the publication of the lectures in question. They will be commenced as soon as possible.

Nemo, (Stourbridge.)—We do not prescribe in this place. Any respectable surgeon can give the information required.

THE REPORT OF MR. SIMON, THE MEDICAL OFFICER OF THE PRIVY COUNCIL.

To the Editor of THE LANCET.

SIR,—The above report, contained in your impression of Sept. 10th, induces me to offer a remark or two in reference to the "ague-breeding districts," including Spalding, which was classed amongst the list of those localities "where, though improvement had been made, it fell far short of what was required."

Mr. Simon here expresses a hope that landowners and local authorities "will speedily give the furthest proper extension and the fullest possible effect to that system of thorough land-drainage which has already done so much for improving the health of the country." I do not know from what source Mr. Simon has obtained his information, not knowing any practical individual who complains of want of drainage in this locality. On the contrary, the opposite state of things prevails; for the great cry is we are now *over-drained!* Ask the drainage tax collector, the landowners, and tenant drainage ratepayers, whose best bullock lands have been gradually destroyed by *over-drainage*, merely to improve a few acres which a few years ago used to be under water. Our water-works have ceased to supply us with water to drink, and for weeks past I have no hesitation in stating that a person might ride for miles in a straight line across the fields, ditches, and even large drains of our district without finding in them even a teaspoonful of water. At the present time water is fetched a distance of two and more miles for the use of some of the inhabitants. Our South Holland natural drainage has been *too much improved*, so that I and many others, summer after summer, have to take water to the cattle in the fields drained by the above means. Our steam-engine is also completely master of the other portion of our district, so that the agricultural gentlemen are there jealous of being over-drained by it.

With regard to ague, it is so little known here now, that where there used to be fifty cases, I believe I am correct in stating that five cannot now be met with. In fact, the atmosphere is so improved by our drainage that the old symptoms of ague are now, generally speaking, so mild that patients say they are only suffering from what they term "the illness," which is nothing but a milder ague, there being simply slight chilliness, with or without flushes of heat, and little or very often no perspiration, in the place of the violent shaking fit, the delirious fever, and profuse perspiration observed in the latter disease. The gases generated by the decomposition of vegetable matter necessarily found in our numerous ditches will, under certain circumstances, create malaria, in spite of the thorough land-drainage which already exists around us to perfection. The South Holland Commissioners are, I believe, now at work constructing dams to "hold the water in the drains," or prevent this thorough drainage, that not only may the cattle partake of it, but that it may serve also as a fence in the ditches, instead of running uselessly into the sea.

There was a time when even the harvest in this district was collected in boats, and such accounts I have seen copied by a recent publication as though it existed now, thus inducing many readers to believe we are still web-footed and covered with feathers and wings; whereas, in fact, the fear now exists that even the ducks and geese will cease to be so for want of their necessary element to swim in.

I am, Sir, yours, &c.,
Spalding, September, 1864. A. B.

Querist.—It is evident that the disease has its favourite localities; for Mr. Bridger, of Cottenham, is reported to have stated at the last meeting of the British Medical Association that he had seen upwards of 3000 cases of diphtheria since April, 1863.

Dr. R. L. shall receive a private letter.

A Constant Subscriber, (Tamworth.)—To Dr. Francis Hawkins, 32, Soho-square.

WALKER FUND.

THE following subscriptions have been received on behalf of the above Fund:

H. Jacobs, Esq.	£3	3	0
A Medical Man at Hastings (stamps)	1	0	0
D. De Berdt Hovell, Esq.	1	1	0
A Friend	0	10	0
Henry Stear, Esq.	1	1	0
F. Welsh, Esq.	0	10	0

Domestic.—The coffee must not be over-roasted, and, instead of being afterwards ground, should be pounded in a mortar.

A Surgeon.—We fear the offender is duly qualified. Our correspondent should address a remonstrance to the General Medical Council.

Beta.—The guardians, under such circumstances, have the power to advertise. Though by so doing they might confine themselves to the letter of the law, their proceedings would be unjust, and we should recommend that the Poor-law Board be addressed on the subject.

Mr. Coleman's paper shall be inserted in an early number.

THE INCUBATION OF SCARLET FEVER.

To the Editor of THE LANCET.

SIR,—In my communication about the latent period of scarlatina, I regret having made a mistake about the date of departure from England of H.M.S. *Shannon*. This vessel left Portsmouth for the Cape of Good Hope on the 17th of March, 1857, arriving there on the 7th of May, as previously stated, a period of fifty-one days.

I am, Sir, your obedient servant,
September, 1864. W. M. SAUNDERS, M.D., Staff Surgeon, R.N.

C. C.—In cases of poisoning by phosphorus, the rapidity with which fatty degeneration of almost all parts of the body takes place is remarkable. M. Bacquoy has found even the brain thus degenerated, and showing the presence of much phosphorus. These statements have been confirmed by M. Lancereaux.

Semper.—There is nothing unprofessional in the proceeding.

SCABIES VENEREA.

To the Editor of THE LANCET.

SIR,—Can any of your readers suggest a remedy in the above complaint to relieve the itching and irritation of the primary sore?

I have under my care a gentleman, who has been affected for four years with this form of syphilis. He has sore-throat and papular eruptions, which are progressing favourably under a mild course of mercury; but the itching of the prepuce and glans penis, which is most intolerable, is very little affected by the treatment. This is owing, I doubt not, to the fact that the patient has had innumerable ineffectual remedies applied locally, which have produced a thickened and irritable state of the mucous membrane. There is no defined sore.

As I am under the impression that the existence of a primary affection, poisoning the system, must be a great drawback to the cure of the secondary symptoms, I am very anxious if possible to rid the patient of it. Caustics have been uselessly applied, and are now quite unavailable, as the disease is universally spread over the prepuce and glans, and also affects to a small extent the urethra.

I am, Sir, yours truly,
September, 1864. M.R.C.S., L.S.A.

P.S.—Innumerable preparations of mercury, lead, arsenic, zinc, nitric acid, nitrate of silver, &c. &c., have been applied without the slightest benefit.

*** There is no such thing as *scabies venerea*. Itch and syphilis may affect the same individual at the same time; but the nature and progress of each affection (one constitutional, the other local) remain essentially different. It appears to us that our correspondent's patient does not suffer from scabies; and, relying on the description (if we may venture an opinion from mere description), we would say that the itching of the prepuce and glans, in this case, has much resemblance to prurigo vulvæ in the other sex, and might be treated in the same way. The remedies used to control syphilis have no effect at all on this form of cutaneous affection, but should be continued in view of controlling or eradicating the constitutional taint. As to the prurigo, we would refer our correspondent to the numerous works on Cutaneous Diseases, and the letters published from time to time in this journal. We print the above letter in order to elicit the opinions of such of our readers as take an interest in the question.—ED. L.

W. C., M.D.—There is some doubt upon the subject. We do not believe that any proceedings would be taken under the circumstances. The qualifications of our correspondent are so highly honourable that we cannot conceive any necessity to assume the disputed title.

An Old Subscriber.—Unless the "neighbouring surgeon" had been sent for to attend the case, he should have resigned it into the hands of his brother practitioner.

MILITIA SURGEONS.

To the Editor of THE LANCET.

SIR,—Having seen in your journal of the 3rd September a letter from "A Militia Surgeon," complaining of the way in which faith has been broken with them respecting the promises made by the late Secretary of State for War (Sir C. Lewis), may I be allowed space to point out another injustice which has just been committed.

An order has been received by the adjutants of militia that in future the strength of regiments is to be reduced. By this step, of course, recruiting for the year, from which the surgeon expected to derive a great part of his militia income, is stopped. Now, the Committee appointed by the War Office, when taking into consideration the propriety of increasing the pay of militia surgeons, did not forget to include the profits derived from recruiting when calculating the amount received per annum from all sources; and now, without any sort of notice, and it is much to be feared without any compensation being given, a great part of the surgeon's income is taken from him. If the Secretary for War would but give the case his attention, he could not fail to see the hardship under which we labour.

I am, Sir, your obedient servant,
September, 1864. ANOTHER MILITIA SURGEON.

A Young Beginner.—1. The Briton Life Office.—2. There is no such Society, but the establishment of one is contemplated. We shall take due notice of its formation.—3. Under such circumstances the medical attendant has no claim upon the employer. There must be a specific contract to pay.

IF *L. X. S.* will send his name and address, he shall receive the information he requires.

James.—1. The works of Martin and Merchead.—2. There is not one that we know of.

DELIVERY OF THE PLACENTA.

To the Editor of THE LANCET.

SIR,—Will you allow me to ask "Celer et Audax" if in the course of his practice he never found it difficult to reach the root of the umbilical cord so soon as he states the placenta ought to be removed, and if he never happened to have cases of hour-glass contraction caused by his early manipulation?

I am, Sir, yours truly,
Cawood, near Selby, Sept. 1864. JOHN GREEN, L.R.C.P. Edin.

To the Editor of THE LANCET.

SIR,—In your number for Sept. 3rd is a communication signed "Celer et Audax," in which your correspondent advocates the immediate extraction of the placenta. I also adopt this plan in all my cases, with the same advantage which he points out—viz., little or no hæmorrhage from the patient, and time saved, which in a large practice is a desideratum.

I am, Sir, yours truly,
Cambridge Heath, Sept. 1864. G. H. MOORE, M.R.C.S.

Deception is very properly deceived. All medicines and lotions should be coloured. If they are left, when naturally colourless, to look like water, serious accidents are very apt to ensue. Proper colouring matters, carefully employed, cannot here do harm, and may protect from much evil.

HOSPITAL NURSING.

WE are requested to correct an error which occurred in the article on "Hospital Nursing" in our impression of the 10th instant. Dr. Meadows does not give lectures to the midwifery nurses at King's College Hospital, having resigned the office of Assistant Obstetric Physician last year.

COMPULSORY VACCINATION ACT.

To the Editor of THE LANCET.

SIR,—In reference to a paragraph that appeared in THE LANCET of the 27th August, I beg to inform you that I have given my solicitor instructions to insist on the delivery of the duplicate certificates of successful vaccination for the future, and I have done so in the interests of the medical profession. I believe it will be the means of obtaining a modification of the Act. I am confident my motives will not be misunderstood. On various occasions I have suggested a very simple plan to render the statistics of vaccination more reliable, with much less labour both to the medical attendant and the registrar. The simplicity of my plan is its only fault; but I despair of its being carried out in any future Bill without the co-operation of the medical profession, whose claims to better remuneration I have constantly asserted.

The medical adviser of the Government has been made fully acquainted with my views on the subject; but there seems to be very great difficulty in getting the House of Commons to entertain any medical question.

The present cumbersome machinery of the Vaccination Act begins at the wrong end. If instead of pains and penalties, *disabilities* were incurred by the fact of non-vaccination, the breeches-pocket would suffer in a way which would soon render vaccination popular; but as a mere medical dogma, a different result is certain to ensue. If a child's progress in life were arrested through his parents' neglect—if a young man found himself disqualified for Government appointments, naval and military service, entrance into public schools and colleges, workshops, &c. &c., without proof of vaccination, nobody can doubt that proper precautions would be taken. If every person committed to prison for more than seven days were to be vaccinated at the discretion of the medical officer of the prison—if every pauper's family were inspected before relief were given a *second* time (the first time would be a cruelty), there is little doubt that in a short period small-pox would be nearly eradicated.

Your obedient servant,
Islington-green, Sept. 1864. W. H. BUTTERFIELD, Registrar.

X. Z. Y.—The habit in some cases is all but inveterate. If the sufferer, however, has sufficient firmness of purpose, he can gradually diminish the poisonous dose.

SYPHILIS IN THE ARMY AND NAVY.

To the Editor of THE LANCET.

SIR,—Enclosed I beg leave to send you the copy of a letter I have received from the First Lord of the Admiralty, his Grace the Duke of Somerset, which, in the interest of medical science, I hope will find a place in THE LANCET. I may add that Mr. F. C. Skey has been appointed President of the Commission.

I am, Sir, your obedient servant,
DAVID MACLOUGHLIN, M.D.,
Member of the Legion of Honour.

Bruton-street, Berkeley-square, Sept. 1864.

"Admiralty, Sept. 2nd, 1864.

"SIR,—I am directed by the Duke of Somerset to acknowledge the receipt of your letter of the 1st instant, and to inform you in reply that the Board of Admiralty and the War Office have decided to appoint a joint Committee to inquire into the question of syphilis in the navy and army, which course was urged upon the Board by yourself in connexion with the pamphlet addressed by you to the Secretary of State for War.

"His Grace desires me to add that you are at liberty to make any use you think proper of this communication. (Signed) "A. BUCKLEY.

"Dr. Macloughlin, 34, Bruton-street, Berkeley-square."

THE FUNIS FIVE TIMES COILED ROUND THE CHILD'S NECK.

To the Editor of THE LANCET.

SIR,—Upon referring to my notes of the last 700 cases of midwifery I have attended, I find in ten instances the funis was coiled three times round the child's neck. The following is, however, an occurrence I have never before met with:—

A few days ago I was summoned to attend H. W——, in labour with her first child. The os dilated readily, the pains were strong, the soft parts well relaxed, and the membranes unruptured. In about three hours the child was born, the funis encircling the neck *five* times. The cord measured fifty-two inches.

I remain, Sir, faithfully yours,
Brick-lane, Sept. 1864. WM. GAYTON, L.R.C.P. Edin.

POISONING WITH CHLORIDE OF ZINC.

To the Editor of THE LANCET.

SIR,—In your issue of September 3rd is an account of a fatal case of poisoning with Burnett's solution of chloride of zinc. Various remedies that were employed are mentioned, but nothing is said of carbonate of soda. This is the antidote to chloride of zinc, as was shown in a case treated by Dr. Stratton, R.N., and published in the *Edinburgh Medical and Surgical Journal*, October, 1843.

I am, Sir, yours faithfully,
September, 1864. CHLORIDE OF ZINC.

THE LIQUEUR ABSINTHE.

To the Editor of THE LANCET.

SIR,—I have just read an interesting account in one of the daily papers of the almost universal use in France of a stimulant or alcoholic liquor called "absinthe." The habit is said to be very injurious. Can you or any of your readers oblige by informing me—first, the composition of the liquor called "absinthe;" and secondly, why it is more injurious than other alcoholic beverages, such as brandy and gin?

I remain, Sir, yours, &c.,
September, 1864. WILLIAM WORMWOOD.

M. D., (Tunbridge.)—Though the announcement is not strictly professional, it would be dangerous to characterize it as quackery.

M.R.C.S. will find formulæ for such remedies in any standard work on Skin Diseases.

Z. Y.—The trumpery puff is really beneath criticism. It would be giving it too much importance to notice it in the pages of THE LANCET.

TREATMENT OF SCARLET FEVER.

To the Editor of THE LANCET.

SIR,—As Union medical officer, I have for the last six weeks been attending scarlet fever amongst the children of a miserably poor village population. It has been of a very mild type, with very little throat complication. After a brisk purge, I have in all the cases given the sesquicarbonate of ammonia from the very commencement, independent of the amount of fever present, and with most marked success; but physic and doctoring will not do without careful nursing, and at this time of year, when all the poor are in gleaning fields, my little convalescents have been left too much to themselves, and I have had nearly every case followed by anasarca, in different degrees of intensity, and many cases of acute desquamative nephritis.

Will any of your readers tell me if I must attribute this result entirely to careless nursing, or has the stimulating treatment from the commencement anything to do with it? Diaphoretic doses of tartarized antimony, with occasional doses of the compound jalap powder, have answered well with me; for amongst the miserably poor, ill fed, and ill clothed I never see a case that looks at all like bearing depletion.

I much stand in need of a ready means of giving the children of the poor a hot-air bath in their own houses, and should be greatly obliged for a suggestion from any of your numerous readers.

I am, Sir, yours faithfully,
September, 1864. UNION SURGEON.

A General Practitioner.—There would be no impropriety or breach of faith in taking such a step.

M. E. D.—It will depend entirely upon the nature of his contract made with the guardians.

UNIVERSITY OF GLASGOW.

WE are requested to correct an error in the Tabular List of the Physicians, Surgeons, &c., in the various Medical Schools of Scotland, which appeared in the Students' Number of THE LANCET (17th instant), in connexion with the Medical Jurisprudence and Midwifery courses at the University of Glasgow. We are informed by the proper authorities that Professor Rainy and Professor Pagan will deliver the usual courses of lectures on Medical Jurisprudence and Midwifery in the University in the winter session, but not in the summer session.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Meadows; Dr. Aldis; Dr. Stokes; Mr. Hopley; Mr. Packard (with enclosure); Mr. Marsh, Barnstaple; Mr. Lewis, Rancorn; Mr. Fletcher, Bury (with enclosure); Mr. Howard; Dr. Diver, Yately; Mr. Pitt (with enclosure); Mr. Lloyd, Smethwick; Dr. Thomson, Glasgow; Mr. S. A. Smith; Mr. Whalley; Mr. Simpson (with enclosure); Dr. Macloughlin; Mr. Coleman, Miltown; Mr. Lowndes, Liverpool (with enclosure); Mr. Burnie, Nottingham; Mr. Southworth (with enclosure); Mr. R. Dunn, Eastbourne (with enclosure); Mr. Rutherford, Shipley; Mr. Homfray, Tredegar; Mr. Sutton, Warboys (with enclosure); Mr. Prior; Dr. Anstie (with enclosure); Mr. Partridge, Calcutta; Mr. Kennedy; Dr. Row; Mr. Hughes (with enclosure); Mr. Corr, Glasgow; Mr. Wigg, Southchurch; Dr. J. B. Hicks; Mr. J. Smith, Manchester (with enclosure); Mr. Manning (with enclosure); Mr. J. C. Roope; Mr. Boulton, Northleach; Mr. Evans (with enclosure); Mr. J. Williamson, Langwathby; Mr. Collins; Messrs. Horniman and Co.; Mr. Batterfield; Dr. Carr, Blackheath; Dr. Carver (with enclosure); Mr. Carter (with enclosure); Mr. Powdrell, Heanor; Dr. Taylor, Penrith; Mr. Roberts, Liverpool; Mr. Watson; Mr. Ward, Exmouth; Dr. Black, Chesterfield; Dr. Bree; Mr. S. Haughton, Dublin; Mr. Brook (with enclosure); Mr. Wormwood; Mr. Twitchell, Covington, Kentucky; Dr. Barron (with enclosure); Mr. R. Craven, Hull; Mr. T. Bryant; Mr. Adams, Stirling; Dr. Saunders; Mr. J. Davies (with enclosure); Dr. Quick; Mr. Tanner, Ledbury; Dr. Haldane, Edinburgh; Mr. Winbolt; Mr. R. Davies, Birmingham; Dr. Clarke (with enclosure); Mr. Godson, Manchester; Mr. Holden, Preston; Dr. Williams, Wrexham; Dr. Gayton; Mr. Atkinson, Leeds; Dr. Veale, Devonport; Dr. Purnell; Mr. Richards (with enclosure); Mr. Scaife; Mr. Rickards, Armley; Mr. Heckford; Mr. Love; Mr. Jackson (with enclosure); Mrs. Astle; Dr. Crowther; Mr. Friend; Mr. Prosser, Bromsgrove; Dr. Jennings; Mr. E. H. Moore; Mr. Craster; Mr. Spence, Bedale; Mr. Eastlake; Dr. Goddard, Longton; Mr. Howard, Redhill; Dr. Fox; Mr. Burke; Dr. Cameron; Mr. Hulme; Dr. Corry, Belfast (with enclosure); Dr. A. W. Smith, Glasgow; Mr. Spender, Bath; Dr. Williams, Colchester (with enclosure); Mr. Salmon; Mr. L. Carre (with enclosure); Dr. White, Poyntspass; Dr. Neild, Melbourne; Mr. Groves; Mr. Mary; Mr. Verity; Caution; M.D. (with enclosure); A General Practitioner; Enquirer; A Constant Subscriber; W. T.; The Surgeon-General, United States Army; G. J. T.; L. X. S.; An Old Subscriber; M.R.C.S., L.S.A.; Medicus, India; W. C., M.D.; Habitans in Sicco; The Father of two Medical Pupils; A Militia Surgeon; Western Africa; Nemo; Chloride of Zinc; Beta; A. Z. Y.; Y. Z. (with enclosure); M.R.C.S., Manchester; Another Militia Surgeon; A Constant Reader; A. B.; Adsum; Tempora Mutantur; A Bengal Assistant-Surgeon; A Young Beginner; M.D.; Semper; M. E. D.; A Surgeon; A Two Years' Subscriber; &c. &c.

THE *Birmingham Gazette*, the *Launceston News*, the *Shepton Mallet Journal*, the *Melbourne Herald*, the *Hobart Town Advertiser*, the *Hobart Town Mercury*, the *Delhi Gazette*, the *Madras Times*, the *Lahore Chronicle*, the *Times of India*, and the *Mofussilite* have been received.